## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

DOCUMENT # J17318  1. Entity Name PLEASANT VALLEY DAIRY, INC.				Secretary of State				
Principal Place of Business  23183 POWELL RD.  BROOKSVILLE, FL 34602  Mailing Address  23183 POWELL RD.  BROOKSVILLE, FL 34602					[	T <b>818</b> 11 <b>818</b> 11 <b>818</b> 11 1	7   11   1   1   1   1   1   1   1   1	
D	O NOT WRITE	CE	04172007 No Chg-P CR2E034 (11/05)  4. FEI Number					
	6. Name and Address of Current Re		<u></u>	-				
23183 PO\	, GEORGE WELL RD. VILLE, FL 34602	DO NOT WRITE IN THIS SPACE						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent  SIGNATURE  Signature typed or printed name of registered agent and little if applicable  (NOTE: Registered Agent algorithms required when retristating)  DATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS	<u> </u>					
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP ALVAREZ, GEORGE 23183 POWELL RD BROOKSVILLE, FL				05/04	1000072 1/07-801	7655 056-014	150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME								
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

Daytime Phone #