2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36597

City-St-Zip:

TAMPA, FL

Entity Name: INTERCHANGE FARMS, INC.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
% MICHAEL D. COUNCIL 1187 SKYE LANE PALM HARBOR, FL 34683	POST OFFICE BOX 1 RUSKIN, FL 33575	246	
Current Mailing Address:	New Mailing Addres	s:	
1187 SKYE LANE PALM HARBOR, FL 34683	POST OFFICE BOX 1 RUSKIN, FL 33575	246	
FEI Number: 59-2740281 FEI Number Applie	d For () FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
COUNCIL, MICHAEL D. 1187 SKYE LANE PALM HARBOR, FL 34683 US	COUNCIL, MICHAEL 5715 BRIGMAN AVEN WIMAUMA, FL 33598	NUE	
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.			
SIGNATURE: MICHAEL D. COUNCIL		04/03/2006	
Electronic Signature of Registered Agent Date			
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: D () Delete	Title:	() Change () Addition	

Name: SPENCER, WILLIAM H., Name: 1910 14TH AVE. SE Address: Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: () Delete Title: (X) Change () Addition COUNCIL, MICHAEL D. COUNCIL, MICHAEL D., Name: Name: Address: 5715 BRIGMAN AVENUE Address: POST OFFICE BOX 1246 WIMAUMA, FL RUSKIN, FL 33575 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CURRIE, W.E., III, Name: Name: Address: 5815 N. DALE MABRY HWY Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL D. COUNCIL P 04/03/2006