2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36597

City-St-Zip:

TAMPA, FL 33614 US

FILED Apr 21, 2008 Secretary of State

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Entity Na	me: INTERCH	HANGE FARMS, INC.			
Current Principal Place of Business:			New Principal Place o	f Business:	
2910 GUL RUSKIN, F	F CITY ROAD FL 33570 L	JS			
Current Mailing Address:			New Mailing Address:	:	
POST OFF RUSKIN, F	FICE BOX 124 FL 33575 L	6 IS			
FEI Number	: 59-2740281	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COUNCIL, MICHAEL D P, D 5715 BRIGMAN AVENUE WIMAUMA, FL 33598 US			3710 W. IDELWILD AVI SUITE # 108	VOGT, JR., JOHN C P.A. 3710 W. IDELWILD AVE. SUITE # 108 TAMPA, FL 33614-573 US	
	e named entity e of Florida.	submits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOHN C. VOGT, JR., P.A.				04/21/2008	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SPENCER, WI	THORNE ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	P,D (COUNCIL, MIC POST OFFICE RUSKIN, FL 3	BOX 1246	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (CURRIE, W. E 5815 N. DALE		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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 DP 04/21/2008