FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90440 001 ***150.00
04-25-2003 90440 002 *****8.75

DOCUMENT # L60364

1. Entity Name
Sundew Irrigation Systems Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8312 W. LK. Marion Rd.	P.O. Box 1326
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, Fl.	City & State: Haines City, Fl.
Zip: 33844 / Country: Polk	Zip: 33845 / Country: Polk

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3003454 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [x] — **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Douglas W. Vickers
Street Address (P.O..Box Number is Not Acceptable): 8312 W. Lake Marion Rd.
City: Haines City FL Zip Code: 33844

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Douglas W. Vickers	NAME	
STREET ADDRESS	8312 W. Lk. Marion Rd	STREET ADDRESS	
CITY-ST-ZIP	Haines City Fl 33844	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Rachel S. Vickers	NAME	
STREET ADDRESS	8312 W. Lake Marion Rd.	STREET ADDRESS	
CITY-ST-ZIP	Haines City Fl 33844	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W Vickers 4/19/03 863 412 5837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #