2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# M06903

Entity Name: AGROWCONSULT, INC.

Current Principal Place of Business:

6405 NW 36TH STREET
STE 103
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 526123
MIAMI, FL 331526123

New Mailing Address:

FEI Number: 59-2457736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVITSKI, JOSEPH
6405 NW 36TH STREET
SUITE 103
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NOVITSKI, JOSEPH
Address: 5891 S.W. 81ST STREET
City-St-Zip: MIAMI, FL

Title: VSD ( ) Delete
Name: NOVITSKI, PAULA C
Address: 5891 S.W. 81ST STREET
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: NOVITSKI, NICHOLAS J
Address: 151 SE 15TH ROAD, APT 602
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: NOVITSKI, JOSEPH
Address: P.O. BOX 526123
City-St-Zip: MIAMI, FL 331526123

Title: VSD (X) Change ( ) Addition
Name: NOVITSKI, PAULA C
Address: P.O. BOX 526123
City-St-Zip: MIAMI, FL 331526123

Title: D (X) Change ( ) Addition
Name: NOVITSKI, NICHOLAS J
Address: P.O. BOX 526123
City-St-Zip: MIAMI, FL 331526123

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.

SIGNATURE: JOSEPH NOVITSKI PTD 03/21/2009

Electronic Signature of Signing Officer or Director — Date