2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 20, 2006 08:00 AN DOCUMENT # M20386 **Secretary of State** AMERICAN FARM FEED & HARDWARE, INC. Principal Place of Business Mailing Address 717 N.E. 5TH STREET 717 N.E. 5TH STREET CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429 02172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2589666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, ROSALIE C DO NOT WRITE 830 N APPALACHIAN TERRACE CRYSTAL RIVER, FL 34429 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 title if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE WHITE, ROSALIE C. NAME STREET ADDRESS 830 N APPALACHIAN TERR, UNCOMM441433 CITY-ST-ZIP CRYSTAL RIVER, FL 18/13/06-80034-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZP

12. I hereby 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 or 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 address, with all other like empowered, changed, or on an attachment with

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-798-6013