FILED Mar 01, 2006 8:00 am 2006 FOR PROFIT CORPORATION **ANNUAL REPORT Secretary of State DOCUMENT # M89753** 03-01-2006 90007 006 ***150.00 1. Entity Name BARNES CITRUS ENTERPRISES, INC. Principal Place of Business Mailing Address ORANGE AVE ASSN 2250 SIXTH STREET HWY 68⁻ VERO BEACH, FL 32962 US FT PIERCE, FL 32789 02242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2907546 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NELSON, RALPH DO NOT WRITE 2250 SIXTH STREET VERO BEACH, FL 32962 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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 ^ After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE BARNES, GLEN A. NAME STREET ADDRESS 921 VIRGINIA DR. WINTER PARK, FL CITY-ST-7P TITLE I all the transfer of the tenth of the stand of the stands of the stands of the stand of the stand of the stands o BARNES, GLEN A., JR. NAME Further bookstiness in Obspace Fund 1 short Silvan Silvan Addition of the continuous section of the properties of the continuous section (1998). The continuous section of the 51ST AVE STREET ADORESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE NELSON, RALPH NAME STREET ADDRESS 2250 SIXTH ST. DO NOT WRITE CITY-ST-ZIP VERO BEACH, FL TITLE IN THIS SPACE BARNES, WILLIAM N. 3028 SHERWOOD RD STREET ADORESS CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Applied For

Not Applicable