

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 10, 2009
Secretary of State**

DOCUMENT# N05000003401

Entity Name: FULLY INVOLVED FARMS INC.

Current Principal Place of Business:2780 BROCKSMITH RD
FT. PIERCE, FL 34950**New Principal Place of Business:****Current Mailing Address:**PO BOX 13314
FORT PIERCE, FL 34979 US**New Mailing Address:**

FEI Number: 20-2634482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US**Name and Address of New Registered Agent:**REYNOLDS, PATRISHA
2780 S. BROCKSMITH RD.
FT PIERCE, FL 34945 US

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: PATRISHA REYNOLDS

06/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: ECONOMOU, CYNTHIA ANN
Address: 572 SW ASTER RD.
City-St-Zip: PORT ST LUCIE, FL 34953Title: VP () Delete
Name: KIMMELMAN, SCOTT
Address: 10619 PINE NEEDLE COVE
City-St-Zip: FT. PIERCE, FL 34945Title: SEC () Delete
Name: COZINE, WENDY
Address: POB 13314
City-St-Zip: FT. PIERCE, FL 34979Title: TR () Delete
Name: DORAN, CHARLOTTE
Address: 703 RAMIE CT
City-St-Zip: PORT SAINT LUCIE, FL 34952Title: PRE () Delete
Name: REYNOLDS, BRITT D
Address: 2780 S BROCKSMITH RD
City-St-Zip: FT. PIERCE, FL 34949**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ED (X) Change () Addition
Name: ARNOLD, ASHLEY
Address: 2780 S. BROCKSMITH RD.
City-St-Zip: FT. PIERCE, FL 34945Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SEC (X) Change () Addition
Name: BRAUER, ELAINE
Address: 6902 NW JORGENSEN RD.
City-St-Zip: PORT ST. LUCIE, FL 34983Title: TR (X) Change () Addition
Name: SMITH, JAN
Address: 6506 DONLON RD.
City-St-Zip: FT. PIERCE, FL 34951Title: PRE (X) Change () Addition
Name: REYNOLDS, BRITT
Address: 2780 S BROCKSMITH RD
City-St-Zip: FT. PIERCE, FL 34945

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRITT REYNOLDS

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

Date