


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90117 020 ****61.25

DOCUMENT # N05000008839	
1. Entity Name NEW VARIETIES DEVELOPMENT & MANAGEMENT CORP.	

Principal Place of Business % FLORIDA CITRUS PACKERS P O BOX 1113 LAKELAND, FL 33802	Mailing Address % FLORIDA CITRUS PACKERS P O BOX 1113 LAKELAND, FL 33802
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2. Principal Place of Business - No P.O. Box # 302 S. Massachusetts Ave.	3. Mailing Address P.O. Box 1113
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33801	Country U.S.A
Zip 33802	Country U.S.A



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3767882	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KINNEY, RICHARD J % FLORIDA CITRUS PACKERS 302 S MASSACHUSETTS AVE - STE 203 LAKELAND, FL 33802	7. Name and Address of New Registered Agent Name James Peter Chaires Street Address (P.O. Box Number is Not Acceptable) 302 S. Massachusetts Ave Suite 203 City Lakeland FL Zip Code 33801
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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 	Eric Director	1/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROE, QUENTIN J % WM R. ROE & SONS - P O BOX 900 WINTER HAVEN, FL 33882 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORT, DICK JR % PEACE RIVER PACKING CO-P O BOX 816 FT MEADE, FL 33841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADAWAY, DENNIS P %HAIENS CITY CITRUS GROWERS-P O BOX 337 HAINES CITY, FL 338450337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRINGTON, RAPHORD %BEN HILL GRIFFIN, INC.-P O BOPX 127 FROSTPROOF, FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, FRANK M III %HUNT BROTHERS COOPERATIVE-P O BOX 631 LAKE WALES, DL 33859 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MARK J %SUN AG, INC. - 7735 COUNTY RD 512 FELLSMERE, FL 32948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #	