2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N16528

Entity Name: FLORIDA AGRICULTURE IN THE CLASSROOM, INC.

Current Principal Place of Business:

2053 MCCARTY HALL
GAINESVILLE, FL 32611 US

New Principal Place of Business:

BUILDING 440 MOWRY ROAD
GAINESVILLE, FL 32611 US

Current Mailing Address:

PO BOX 110285
GAINESVILLE, FL 32611 US

New Mailing Address:

PO BOX 110015
GAINESVILLE, FL 32611 US

FEI Number: 59-2878381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GASKALLA, LISA
2053 MCCARTY HALL
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

GASKALLA, LISA
BUILDING 440 MOWRY ROAD
GAINESVILLE, FL 32611 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: _____ 05/04/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARRINGTON, LARRY
Address: 1038 MCCARTY HALL
City-St-Zip: GAINESVILLE, FL 32611

Title: CD ( ) Delete
Name: HEATHER, NEDLEY
Address: 1715 HIGHWAY 17 SOUTH
City-St-Zip: BARTOW, FL 33830

Title: TD ( ) Delete
Name: KYLE, JOAN
Address: 11011 OLEANDER DR
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: MARTIN, CARA
Address: 17544 BATHURST AVE.
City-St-Zip: BROOKSVILLE, FL 34610

Title: SD ( ) Delete
Name: CROCKER, ILA A
Address: 1305 MARTIN LUTHER KING BLVD.
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete
Name: EMERSON, SCOTT
Address: 1069 N.W. 82ND TERRACE
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HEATHER NEDLEY CHR 05/04/2006
Electronic Signature of Signing Officer or Director — Date