

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48010

FILED
Jan 16, 2007
Secretary of State

Entity Name: HARMONY FARMS, INC.

Current Principal Place of Business:

5300 STADIUM PARKWAY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

5300 STADIUM PARKWAY
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-3114190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON LAUFEN, MICHAEL J
1020 WROBEL PLACE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

ROGAN, PAMELA
1024 LENNOX WAY
MELBOURNE, FL 32940 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: PAMELA ROGAN 01/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: VON LAUFEN, MIKE
Address: 1020 WROBEL PLACE
City-St-Zip: WEST MELBOURNE, FL

Title: P () Delete
Name: ADAMS, LISA
Address: 2220 FRONT ST. # 404
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: GETTLEMEN, CARLA
Address: 4050 JAMES RD
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: ARCHER, LINDA
Address: 506 ROYSTON LANE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MEYER, TONI
Address: 1061 HYDE PARK LANE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: KILLIAN, MICHELLE
Address: 89 VILLAGE STREET
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: COX, SKIP
Address: 4280 CAROLWOOD DR.
City-St-Zip: MELBOURNE, FL 32934

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

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

Title: D (X) Change () Addition
Name: AYERS, MAUREEN
Address: 4070 JAMES RD.
City-St-Zip: COCOA, FL 32926

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: MICHAEL VON LAUFEN T 01/16/2007

Electronic Signature of Signing Officer or Director Date