2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State

DOCUMENT # N9600000975 1. Entity Name GROWN IN THE USA COALITION, INC.							03	-25-2005 90	0030 050 *	****61.2	25
Principal Place 4401 EAST 0 ORLANDO, FI	OLONIAL DI		Mailing Address POST OFFICE BOX 140155 ORLANDO, FL 32814								
2. Principal Place of Business 800 Trafalgar Court			3. Mailing Address P.O. Box 948153								
Suite 200			Suite, Apt. #, etc.			_		ng-NP	CR2E037 (
City & State Maitland, FL			City & State Maitland, FL				4. FEI Number 59-3418839				Applicable
Zip 32751		Country USA	32794		Country USA		5. Certificate of St		L Fee	.75 Addii Required	
6. Name and Address of Current Registered Agent GILMER, RAY						-	7. Name and Add	ress of New Re	egistered Age	<u>nt</u>	-
4401 EAST				Street Addres			s (P.O. Box Number is Not Acceptable)				
					00 Trafalgar Court, Suite 200						
8. The above named entity submits this statement for the purpose of changing its regis						t land		the State of Flor		Zip Code 3275 iliar with, a	
the obligations of redistered agent. Ray Gilmer 3/33/05											
SIGNATURE Signature, typed or printed name of registered agent end title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	_	e is \$61.25 lay 1, 2005	\$5.00 May Be Added to Fees	AL THE SERVICE OF THE SECOND STATES OF THE SECOND S	ake check pa da Departme	-1.000000000000000000000000000000000000	And the sales in 1 with sheet to need				
TITLE	D	OFFICERS AND DIR	ECTORS Delete	11.		Δ	ADDITIONS/CHANG	ES TO OFFICER		TORS IN	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP		RAY T COLONIAL DRIVE D, FL 32803	NA/ Stp		1) Trafalga			•	
TITLE	D		☐ Delete	TITL	£	mai	itland, FL	32/31		Change	☐ Addition
NAME Street Address City-St-Zip	5700 SW	SCOTTIE J 34TH STREET ILLE, FL 326147030			ME EET ADORESS Y-ST-ZIP						
TITLE NAME	D BROWN,		☐ Delete		Ē				_	Change	Addition
STREET ADDRESS CITY-ST-ZIP	4401 EAST COLONIAL DRIVE ORLANDO, FL 32803 **			STRE			00 Trafalgar Court, Suite 300 aitland, FL 32751				<u>-</u> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete CARUSO, LEWANNA 13121 NORTH MILITARY TRAIL DELRAY BEACH, FL 33484				LE ME EET ADORESS Y-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGU 1451 WES FORT LAI							Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAA Str City	ME EET ADDRESS V-ST-ZIP				_	Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate 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.											
SIGNAT	IIDE.	you NY			Ray G	ilme	r 7/2	とく/15	(321)	214-	5200