2006 FOR PROFIT CORPORATION . . . ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # P00000027584** 1. Entity Name DOUBLE CLEAR FARM, INC. Mailing Address Principal Place of Business 14444 NW HWY.27 % JANICE DILL OCALA, FL 34482 PO BOX 1081 OCALA, FL 34478 THE PARTY OF THE P 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3704945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAMPTON COOKE, MEGAN 14444 NW HWY.27 IN THIS SPACE OCALA, FL 34482 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. Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) 0000005105297H 9. Election Campaign Financing \$5.00 A@@#016 Added to Fees -80010-015 150.00^M FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, 10. OFFICERS AND DIRECTORS TITLE PD NAME HAMPTON COOKE, MEGAN STREET ADDRESS 14444 NW HWY 27 CRTY-ST-ZIP OCALA, FL 34482 TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-21P TITLE NAME STREET ADDRESS CHY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED