2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P01000084599 04-02-2007 90103 015 ***150.00 1. Entity Name WHITE DEER FARMS, INC. Principal Place of Business Mailing Address 7321 HOWARD RD 7321 HOWARD RD BOKEELIA FL 33922 BOKEELIA, FL 33922 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. Chg-P 01092007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1133788 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAESEMEYER, ELIZABETH A SECT 7321 HOWARD RD BOKEELIA, FL 33922 submis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti I am familiar with, and accept the obligations of reg brald K.Smith SIGNATURE of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Chappe ☐ Addition SMITH, DONALD K NAME NAMĘ STREET ADDRESS 7321 HOWARD ROAD STREET ADDRESS CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition DAVID, DUNBAR R NAME 7321 HOWARD ROAD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP BOKEELIA, FL 33922. CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME HAZEN, RADFORD B NAME STREET ADDRESS 7321 HOWARD ROAD STREET ADDRESS BOKEELIA, FL 33922 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition HAESEMEYER, ELIZABETH NAME NAME STREET ADDRESS 7321 HOWARD ROAD STREET ADDRESS BOKEELIA, FL 33922 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with rith all other like empowered

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED