

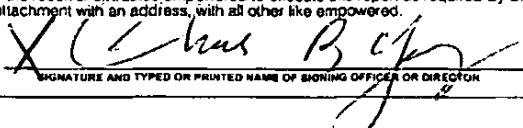


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Jun 09, 2008 8:00 am
Secretary of State

05-14-2008 90010 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000094573			
1. Entity Name CROP INPUT SYSTEMS, INC.			
Principal Place of Business 1707 W. REYNOLDS ST. PLANT CITY, FL 33563	Mailing Address 1707 W. REYNOLDS ST. PLANT CITY, FL 33563		
DO NOT WRITE IN THIS SPACE			
		04222008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 32-0028971	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
YOUNG, CHARLES B JR. 13010 ED DENISON ROAD THONOTOSASSA, FL 33592		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PSTD		
NAME	YOUNG, CHARLES B JR.		
STREET ADDRESS	13010 ED DENISON ROAD		
CITY-ST-ZIP	THONOTOSASSA, FL 33592		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	