2008 FOR PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000107411** 04-30-2008 90197 017 ***158.75 1. Entity Name HOMESTEAD UNITED GROWERS, INC. Principal Place of Business Mailing Address 18410 SW 244 STREET 18410 SW 244 STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2077844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRENNER, BRUCE DO NOT WRITE 18410 SW 244 STREET HOMESTEAD, FL 33031 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PŊ BRENNER, BRUCE NAME STREET ADDRESS 18410 SW 244 STREET CITY-ST-ZIP HOMESTEAD, FL 33031 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. 1 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 a other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED