


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000027699	
1. Entity Name ALPINE FARMS, INC.	

Principal Place of Business 6325 SW GATOR TRAIL PALM CITY, FL 34990	Mailing Address 6325 SW GATOR TRAIL PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0143329	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 NAYLOR, BARBARA J 6325 SW GATOR TRAIL PALM CITY, FL 34990
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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 re-registering)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARPTON, RONNIE 2551 SW ESTELLA TERRACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS NAYLOR, BARBARA 6325 SW GATOR TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JASON 10218 CARLTON RD PORT SAINT LUCIE, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/08-80040-009 150.00

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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: <u>Barbara Naylor</u> <u>Barbara Naylor</u> 1-22-08 772-286-9988	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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