

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042678

Entity Name: 1ST FRUITS CONSULTING, INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

4117 SHADOW CREEK CIRCLE  
OVIEDO, FL 32765 US

## New Principal Place of Business:

231 LONE OAK ROAD  
JASPER, AL 35504 US

## Current Mailing Address:

4117 SHADOW CREEK CIRCLE  
OVIEDO, FL 32765 US

## New Mailing Address:

231 LONE OAK ROAD  
JASPER, AL 35504 US

FEI Number: 20-0855984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALVIN, KRISTIE L  
4117 SHADOW CREEK CIRCLE  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

BERGERON, VALERIE J  
5329 NORTH WOODCREST DRIVE  
WINTER PARK, FL 32792 US

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.

SIGNATURE: VALERIE J. BERGERON

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALVIN, KRISTIE L  
Address: 4117 SHADOW CREEK CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Delete  
Name: CALVIN, MICHAEL J  
Address: 4117 SHADOW CREEK CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CALVIN, KRISTIE L  
Address: 231 LONE OAK ROAD  
City-St-Zip: JASPER, AL 35504 US

Title: VP (X) Change ( ) Addition  
Name: CALVIN, MICHAEL J  
Address: 231 LONE OAK ROAD  
City-St-Zip: JASPER, AL 35504 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE L. CALVIN

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date