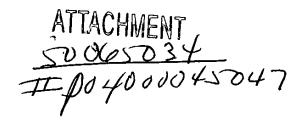
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 06, 2005 8:00 am Secretary of State DOCUMENT # P04000045047 09-06-2005 90135 018 ***550.00 1. Entity Name IMS FARM, INC. Principal Place of Business Mailing Address 50065034 6724 NW 73 LANE 6724 NW 73 LANE OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business Mailing Address 6724 NW 73m 6724 NW Suite, Apt. #, etc uite, Apt. #, etc. 08192005 Chg-P CR2E034 (10/03) Ocala-City & State 4. FEI Number City & State Applied For 1203390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILITCH, IAN Street Address (P.O. Box Number is Not Acceptable) 3724 NW 73 LANE OCALA, FL 34482 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing FILE NOWII! FEE IS \$550.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SILITCH, IAN NAME STREET ADDRESS 6724 NW 73 LANE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition SILITCH, JACQUELYN NAME STREET ADDRESS 6724 NW 73 LANE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition 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 exemption stated in Section 119.07(3)(i), 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.

Olicites
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED



P04000045047 IMS FARM, INC. 6724 NW 73 LANE OCALA FL 34482

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PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.