2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 30, 2006
Secretary of State

DOCUMENT# P04000090679

Entity Name: DE PICCIOTTO FARM CORP.

Current Principal Place of Business:

4656 125TH STREET
WELLINGTON, FL 33414

New Principal Place of Business:

15635 PALMA LANE
WELLINGTON, FL 33414

Current Mailing Address:

4656 125TH STREET
WELLINGTON, FL 33414

New Mailing Address:

15635 PALMA LANE
WELLINGTON, FL 33414

FEI Number: 20-1766243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLE, CRAIG T ESQ.
11199 POLO CLUB ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SIMON, GLAZER
15635 PALMA LANE
WELLINGTON, FL 33414 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: SIMON GLAZER 05/30/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GLAZER, SHIMON N
Address: 4656 125TH STREET
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: GLAZER, NURIT
Address: 4656 125TH STREET
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GLAZER, SHIMON N
Address: 15635 PALMA LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change ( ) Addition
Name: GLAZER, NURIT
Address: 15635 PALMA LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMON GLAZER OFFI 05/30/2006
Electronic Signature of Signing Officer or Director Date