

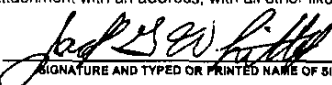


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000103453</b>		
1. Entity Name <b>SCHOLARSHIP FARMS, INC.</b>		
Principal Place of Business <b>4109 COLLEGE STATION ROAD PANAMA CITY, FL 32405 US</b>		Mailing Address <b>8920 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03252007 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>36-4556941</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>WHITTED, JACK G 8920 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WHITTED, JACK G 8920 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WHITTED, MELISSA 3924 VAGA ST PANAMA CITY BEACH, FL 32408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		<b>03/29/07</b> Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #