2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

with all other like empowered

Jan 23, 2006 8:00 am DOCUMENT # P04000148166 **Secretary of State** MWB FARMS, INC. 01-23-2006 90106 026 ***150.00 Principal Place of Business Mailing Address O ALTURAS LOOP ROAD 3530 SILVER OAK COURT ALTURAS, FL 33820 LAKE WALES, FL 33818 2. Principal Place of Business 3. Mailing Address 2680 Atturas Loop Road 635 Alice Place Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Atturos, Bartow 11-3734153 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33830 33830 Polk Polk Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Baker, - wendi - E ____ BAKER, WENDI'E Street Address (P.O. Box Number is Not Acceptable) 3530 SILVER OAKS COURT LAKE WALES, FL 33898 635 Alice Place City Bartow Zip Code 33830 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 30-06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete President TITI F Change : Addition BAKER, MICHAEL G Baker, Michael G 635 Alice Place NAME STREET ADDRESS 3530 SILVER OAKS COURT STREET ADDRESS CITY-ST-71P LAKE WALES, FL 33898 CITY-ST-ZIP Bartow, R 33830 D TITLE ☐ Delete TITLE Secretary / Vice President / Treceurer & Change BAKER, WENDI E HAME NAME Baker, Werd: E STREET ADDRESS 3530 SILVER OAKS COURT STREET ADDRESS 635 Alice Place CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP Bartow, R 33830 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 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

FILED

863-534-1804