2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 28, 2006 08:00 AM **DOCUMENT # P04000157638 Secretary of State** VILLÁ CITRUS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 1264 210 NORTH THIRD AVENUE WAUCHULA, FL 33873 WAUCHULA, FL 33873 CR2E034 (11/05) 03072006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. EEL Number 20-1934853 Not Applie: \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAILEY, CARLOS N 4757 SWEETWATER ROAD ZOLFO SPRINGS, FL 33890 IN THIS SPACE 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, 1 am familiar with, and accthe obligations of registered agent Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May 8e 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees to. OFFICERS AND DIRECTORS **PST** TITLE 1/0/0/6/482615 BAILEY, CARLOS N NAME 04/11/06-80083-003 150.00 STREET ADDRESS 4757 SWEETWATER ROAD CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7(P TITLE IN THIS SPACE NAME

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 direction of the corporation or the received or trustee empowered to supply the this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attaching with an address, with all otherwise empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE

STREET ADORESS CITY-ST-ZIP

3-8-06