2006 FOR PROFIT CORPORATION

Jan 25, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P04000168668 CREWSVILLE DAIRY, INC. Principal Place of Business Mailing Address 477 SW 72ND TERRACE 477 SW 72ND TERRACE OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 No Chg-P CR2E034 (11/05) 01202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2024257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUCKS, KEVIN G DO NOT WRITE 1988 SW 28TH AVENUE OKEECHOBEE, FL 34974 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signeture, 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 OFFICERS AND DIRECTORS 10. TITLE U00000400264 02/01/06-80046-008 150.00 RUCKS, GLENN R PRES. NAME STREET ADDRESS 477 S.W. 72ND TERRACE OKEECHOBEE, FL 34974 COY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RUE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nneNAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED