2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # P05000018872 d. Entity Name 02-20-2006 90043 010 ***150.00 AGRICULTURE PROPERTY, INC. Principal Place of Business Mailing Address 7457 PARK LANE 7457 PARK LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 120-2290 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANCIANESE, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 7457 PARK LANE LAKE WORTH FL 33467 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ח Delete TITLE ☐ Change ☐ Addition EPLING, ANN NAME NAME STREET ADDRESS 7457 PARK LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE LANCIANESE, MICHELLE STREET ADDRESS 7457 PARK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LAKE WORTH FL 33467 TITLE ☐ Delete Change ☐ Addition D NAME VANREETH, KATHRYN NAME STREET ADDRESS STREET ADDRESS 7457 PARK LANE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Delete TITLE TITLE ☐ Channe ☐ Addition LULFS, BRIAN NAME NAME STREET ADDRESS 7457 PARK LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition CROTEAU, JULIE NAME NAME 7457 PARK LANE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THUE Change ☐ Addition 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 Section 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

FILED