2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State
05-01-2006 90312 030 ***150.00

DOCUMENT # P05000060287

1. Entity Name

GREEN PASTURES ARABIANS INC

Principal Place of Business	Mailing Address
60 SURFVIEW DR., STE. 712 PALM COAST FL 32137	60 SURFVIEW DR., STE. 712 PALM COAST FL 32137

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
7395 NW Hwy 225	7395 NW Hwy 225
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL
Zip: 34482 Country: MARION	Zip: 34482 Country: MARION

4. FEI Number: 20-2743524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROLAND
60 SURFVIEW DR., STE. 712
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: ROLAND WILLIAMS

Street Address (P.O. Box Number is Not Acceptable): 7395 NW Hwy 225

City: OCALA FL Zip Code: 34482

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: ROLAND WILLIAMS [signature] 4-20-06
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
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROLAND 60 SURFVIEW DR., STE. 712 PALM COAST FL 32137	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS ROLAND 7395 NW Hwy 225 OCALA FL 34482	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, DOROTHY 60 SURFVIEW DR., STE. 712 PALM COAST FL 32137	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS DOROTHY 7395 NW Hwy 225 OCALA FL 34482	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: ROLAND WILLIAMS [signature] 4-20-06 352 671-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #