## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90375 047 \*\*\*158.75 DOCUMENT # P05000117185 FRUITS & NUTS INTERNATIONAL, INC. 4002114 Principal Place of Business Mailing Address 154 CRICKET LAKE DR 154 CRICKET LAKE DR NAPLES, FL 34112 US NAPLES, FL 34112 2. Principal Place of Business 8625 Saddlebrook Circle 3. Mailing Address 8625 Saddlebrook Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 CR2E034 (11/05) 1206 City & State City & State 4. FÉI Number Applied For FLORIDA Naples Naples Not Applicable \$8.75 Additional 5. Certificate of Status Desired COLLLER COLLIER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCO A. HERRERA HERRERA, MARCO A Street Address (P.O. Box Number is Not Acceptable) 154 CRICKET LAKE DR NAPLES, FL 34112 Zip Code 34104 Naples 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing 150.00 FILE NOW!!! FEE 16.5 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D.P Change ☐ Delete DUE Addition HERRERA MARCO A. NAME HERRERA, MARCO A 8625 Saddlebrook Circle #1206 154 CRICKET LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 City-ST-ZIP Naples FL 34104 VP Delete TITLE Change Addition HERRERA, MARCO A NAME NAME 154 CRICKET LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP T.S Change Addition TITLE ☐ Delete TITLE HERRERA, MARCO A NAME NAME 154 CRICKET LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-7iP NAPLES, FL 34112 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED