

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012259

Entity Name: CADBERRY FARMS, INC.

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

521 BERKLEY AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

521 BERKLEY AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

1484 RIDGETOP DR
TARPON SPRINGS, FL 34688

FEI Number: 20-4220900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERKSEN, CHARLES A
1105 EAST BOYER STREET
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

DERKSEN, CHARLES A
1484 RIDGETOP DR
TARPON SPRINGS, FL 34688 US

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.

SIGNATURE:

05/25/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DERKSEN, CHARLES A
Address: 521 BERKLEY AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: DERKSEN, ANGELA S
Address: 521 BERKLEY AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DERKSEN, CHARLES A
Address: 521 BERKLEY AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Change () Addition
Name: DERKSEN, ANGELA S
Address: 521 BERKLEY AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA DERKSEN

VP

05/25/2007

Electronic Signature of Signing Officer or Director

Date