2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127531

Entity Name: MR & MR FARM INC.

City-St-Zip: OCALA, FL 34476

FILED Jan 13, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|----------------------------------|------------------------------------|--|--|
| 5760 SW 89TH STREET OCALA, FL 34476 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 5760 SW 89TH STREET OCALA, FL 34476 | | | | |
| FEI Number: 20-5639981 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| CUENCA, CARMEN 6910 W UNIVERSITY AV STE.#2 GAINESVILLE, FL 32607 | | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: P () Name: RAMIREZ, MAF | | Title: Name: | () Change () Addition | |

City-St-Zip:

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: MARCOS RAMIREZ MR 01/13/2008