2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90027 015 ***150.00

DOCUMENT # P07000013307

1. Entity Name
ORGANIC TRUST FARMS USA, INC.

Principal Place of Business
414 VICTORIA HILLS DRIVE
DELAND, FL 32724

Mailing Address
414 VICTORIA HILLS DRIVE
DELAND, FL 32724

400451624

2. Principal Place of Business - No P.O. Box
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address c/o Keijer, Esq.
632 N. Woodland Blvd.
Suite, Apt. #, etc.
Suite 1
City & State
DeLand, FL
Zip 32720 | Country USA

03102008 Chg-P OR25034 (12/06)

4. FEI Number
06-1804437
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEIJER, CLARE A
414 VICTORIA HILLS DRIVE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is not acceptable)
City FL 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 _____ Date
(Typed or printed name of registered agent and title if officer or partner)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	PTD HAMERLINCK, KRIST B-9960 ASSENDE BELGIUM,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSH STETA, MARIO BOSQUE DE CHAPULTEPEC 15, COLINAS DEL PARO QUERETARO, MEXICO, 76140	☐ Delete	TITLE VP, D NAME Mario Steta STREET ADDRESS Manufactur #48, local 7a CITY-ST-ZIP ~~Col. Parques Industriales Alamos~~ Section 2a C.P. 76160 Santiago de Queretaro Queretaro, Mexico ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEIJER, CLARE ANN 414 VICTORIA HILLS DRIVE DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Hamerlinck, Krist Hammerlinck 3/10/08 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title if applicable

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ATTACHMENT

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ORGANIC TRUST FARMS USA, INC.

Principal Place of Business	Mailing Address
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400451662

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Keijer, Esq. 632 N. Woodland Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1
City & State	City & State DeLand, FL
Zip / Country	Zip / Country 32720 / USA

4. FEI Number
06-1804437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEIJER, CLARE A 414 VICTORIA HILLS DRIVE DELAND, FL 32724	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE: _____, Krist Hammerlinck 3/10/08 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #