

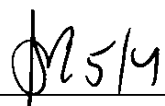
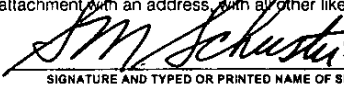


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P35979 1. Entity Name SUN GROWN CITRUS, INC.						FILED 07 APR 26 PM 3: 50 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1857 KELLER ROAD P. O. BOX 208 FT MEADE, FL 33841 US				Mailing Address 701 HARGER ROAD SUITE 190 OAK BROOK, IL 60523 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04092007 Chg-P CR2E034 (12/06)		4. FEI Number 36-3779440	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		City		Zip Code	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SOUTHERN BAKERIES, INC. ATTN: ARTHUR KRANTZ 3355 W. MEMORIAL BLVD. LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME Attn: Ken Reeves City SAME FL Zip Code SAME			
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V SCHUSTER, STEPHEN M 701 HARGER ROAD STE 190 OAK BROOK, IL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRANTZ, ARTHUR H. 701 HARGER ROAD, #190 OAK BROOK, IL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103010956 05/22/07--01021--008 **1400.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUSTAFSON, F. EDWARD 701 HARGER ROAD, #190 OAK BROOK, IL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, JOHN CONNALLY 1857 KELLER ROAD FT MEADE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DONALD P 701 HARGER RD. STE. 190 OAK BROOK, IL 60523 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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:  Stephen M. Schuster				4/09/07		630-571-4433	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	