2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047465

Entity Name: SOD FARMS, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P O BOX 700103 1350 KENANSVILLE ROAD ST. CLOUD, FL 347700103 KENANSVILLE, FL 34739 **Current Mailing Address: New Mailing Address:** P O BOX 700103 POBOX61 ST. CLOUD, FL 347700103 KENANSVILLE, FL 34739 FEI Number: 65-0419062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARD, STEVE 2932 ANNALEE ROAD ST. CLOUD, FL 34771 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARD, STEVE Name: Name: 2932 ANNALEE ROAD Address: Address: City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HOLLEY, DANNIE Name: 595 SKYWIND COURT Address: Address: ST. CLOUD, FL 34771 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE CARD PRES 04/19/2007