


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90061 001 \*\*\*\*75.00  
01-24-2005 90061 002 \*\*\*\*75.00

<b>DOCUMENT # P94000017079</b>	
1. Entity Name <b>BIG SKY GROWERS, INC.</b>	

Principal Place of Business <b>6111 LAKEWOOD RD SEBRING, FL 33872</b>	Mailing Address <b>6111 LAKEWOOD RD SEBRING, FL 33872</b>
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**66000293**



2. Principal Place of Business <b>5825 Wolf Lake Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5825 Wolf Lake Rd.</b> Suite, Apt. #, etc.
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01132005 Chg-P CR2E034 (10/03)

City & State <b>Sebring, FL</b>	City & State <b>Sebring, FL</b>
Zip <b>33875</b>	Zip <b>33875</b>
Country <b>Highlands</b>	Country <b>Highlands</b>

4. FEI Number <b>65-0500831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KIROUAC, STEPHEN A 6111 LAKEWOOD RD SEBRING, FL 33872</b>	
7. Name and Address of New Registered Agent Name: <b>Kirouac, Stephen A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>5825 Wolf Lake Rd.</b> City: <b>Sebring</b> FL Zip Code: <b>33875</b>	

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIROUAC, STEPHEN C 6111 LAKEWOOD RD. SEBRING, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Kirouac, Stephen C 5825 Wolf Lake Rd. Sebring, FL 33875</b> <input checked="" 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
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
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
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
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 exemption stated in Section 119.07(3)(i), 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 C. Kirouac **1/14/05 863-471-9797**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #