2007 FOR PROFIT CORPORATION

SIGNATURE:

Feb 05, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P94000043658 1. Entity Name 02-05-2007 90096 039 ***150.00 TAPPAN FAMILY FARMS, INC. Principal Place of Business Mailing Address 11185 9TH ST E 11185 9TH ST E TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14200 MARK DRIVE 14200 MARK ARIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3250272 PL LARGO ARGO Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired UGA33774 73774 U.SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 13270 Terrace JOSLIN, TIMOTHY J 1212-66 ST NO SAINT PETERSBURG FL 33710 8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 00 TITLE ☐ Delete TITLE Change ■ Addition TAPPAN, CARLEEN R. TAPPAN, CARLEEN R. 14300 MARK DR. NAME NAME. 11185 9TH ST E. STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL CITY - ST - 71P CHY-ST-ZIP LARGO, FL 33774 AS HILE Delete Ш Change Addition CASTRO, JAMI L CASTRO, JAMI L. 14514 MARK DR. NAME NAME 11120 9TH ST E STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-S1-ZIP CITY - S1 - ZIP 33774 ☐ Defete ши IIILE. ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP ItILE ☐ Delete TOU Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THILE ☐ Delete THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TOTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED