2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 10, 2007 08:00 All Secretary of State DOCUMENT # P97000048118 1. Entity Name **BILMAR FARMS, INC.** Principal Place of Business Mailing Address 4260 SR 60 W 8074 ALA HWY NW MULBERRY, FL 33860 ROME, GA 30165 04072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3454503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULFORD, WILLIAM H JR DO NOT WRITE 1670 N BOWMAN TERRACE HERNANDO, FL 34442 IN THIS SPACE 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** 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 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FULFORD, WILLIAM H JR NAME STREET ADDRESS 1670 N BOWMAN TERRACE CITY-ST-ZIP HERNANDO, FL 34442 U00000697406 04/18/07-80038-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

E AND TYPED OR PRINTED NAME OF BIGHING OFFICER OF DIRECTOR