2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P98000036261

Entity Name: MILES FARMS, INC.

Current Principal Place of Business:

433 SILVER BEACH AVE.,STE.201
DAYTONA BEACH, FL 32118

New Principal Place of Business:

1621 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

Current Mailing Address:

433 SILVER BEACH AVE.,STE.201
DAYTONA BEACH, FL 32118

New Mailing Address:

1621 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

FEI Number: 59-3650683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILES, ROBLEY M JR
433 SILVER BEACH AVE., STE. 201
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MILES, R. MATTHEWS
Address: 433 SILVER BEACH AVE.,STE.201
City-St-Zip: DAYTONA BEACH, FL 32118

Title: V ( ) Delete
Name: MILES, DAVID E
Address: 65 DOLPHIN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: MILES, STEVEN G
Address: 33 FOREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete
Name: MILES, HENRY E
Address: 3824 HICKORY LANE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: MILES, CHARLES S
Address: 141 CREEKSIDE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: MILES, WILLIAM F
Address: 450 TRADEWINDS LANE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILES, R. MATTHEWS
Address: 1621 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBLEY M. MILES JR. P 04/30/2008
Electronic Signature of Signing Officer or Director — Date