2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P98000048562

Entity Name: MASTER-TURF FARMS, INC.

Current Principal Place of Business:

P O BOX 911
RUSKIN, FL 33575

New Principal Place of Business:

Current Mailing Address:

P O BOX 911
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 59-3513557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIFORD, RALPH
502 7 AVE NE
RUSKIN, FL 33570 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIFORD, RALPH
Address: P O BOX 911 N/A
City-St-Zip: RUSKIN, FL 33570

Title: VD ( ) Delete
Name: COOK, MICHAEL A
Address: 417 E LUMSDEN ROAD
City-St-Zip: BRANDON, FL 33511

Title: SD ( ) Delete
Name: WILLIFORD, RANDALL
Address: 404 DICKMAN DR. SW
City-St-Zip: RUSKIN, FL 33570

Title: TD ( ) Delete
Name: ALEX, THOMAS R
Address: 11600 AUDUBOND LANE
City-St-Zip: CLAIRMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RALPH WILLIFORD PD 05/01/2006

Electronic Signature of Signing Officer or Director Date