2008 FOR PROFIT CORPORATION

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIG

Mar 18, 2008 8:00 am Secretary of State ANNUAL REPORT 03-18-2008 90008 012 ***150.00 DOCUMENT # P98000054063 EDWARD KOON DAIRY, INC. 40047683 Principal Place of Business Mailing Address 361 NE SANDSPUR LANE **361 NE SANDSPUR LANE** MAYO, FL 32066 MAYO, FL 32066 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-3516043 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES K. KOON KOON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 361 NE SANDSPUR LANE RT. 2 BOX 1725 MAYO, FL 32066 City ^zig 2066 MAYO 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 (Dury SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE ☐ Change Addition TITLE Delete KOON, JAMES E NAME STREET ADDRESS STREET ADDRESS RT. 2 BOX 1725 MAYO, FL 32066 CITY-ST-ZIP CITY-ST-ZIP PVPST D VSD Defete TITLE Change Addition TITLE KOON, JAMES K NAME NAME KOON, JAMES K. RT. 2 BOX 1725 STREET ADDRESS STREET ADDRESS 361 NE SANDSPUR LANE CITY-ST-ZIP MAYO, FL 32066 CITY-ST-ZIP MAYO, FL 32066 Delete - Change ---- Addition HILE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition ☐ Change TITLE TRILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete □ Change ☐ Addition TITLE TITLE 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 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.

FILED

Daytime Phone #