


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000054821</b> 1. Entity Name TRAWICK FARMS, INC.	
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<b>Principal Place of Business</b> 5773 E. US 27 MAYO, FL 32066 US	<b>Mailing Address</b> 5773 E. US 27 MAYO, FL 32066 US
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02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3516909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TRAWICK, PAUL N RT.2 BOX 1215 MAYO, FL 32066
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRAWICK, DAVID RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TRAWICK, BARBARA RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRAWICK, PAUL RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSON, TIMOTHY RT 2 BOX 1240 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000520319 05/02/06-80088-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

SIGNATURE: Timothy R. Hanson 4-17-06 (386) 294-1630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #