2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State 05-22-2008 90013 044 ***150.00

Applies of Business Alaming Address 2.48 PINE STREET AMPLES, FL 34112 2. Principal Pince of Business - No PO Box # 3. Mailing Address Suite, Apil #, etc.	DOCUMENT # P98000072428 1. Entity Name VITARICH FARMS, INC.								60043107				
Suite. Apt. #, etc. Suite. Apt. #, etc. D422008 Chg.P CR2604 (12/06)	2348 PINE STREET				2348 PINE STREET				:	~ DUU'S	,		
Cry & State City & State Cit	2. Principal P	lace of Busin	ness - No P.O. B	Ox # 3.	Mailing Address			-					
Sp. 3533259 Met Applicat Zip	Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292008	Chg-P	CR2E0	34 (12/06)	
S. Name and Address of Curront Registered Agent F. Name and Address of Surront Registered Agent THOMAS, KEVIN 249 PINE STREET NAPLES, FL 34112 8. The above raymed cerial subsystyling statement for the purpose of changing its registered agent or both, in the State of Fiorda. I am familiar with, and acceptable of today in registered agent or both, in the State of Fiorda. I am familiar with, and acceptable of the contiguity of the contiguit	City & State				City & State					259	<u></u>	 	·
THOMAS, KEVIN 2348 PINE STREET NAPLES, FL 34112 8. The above regress of an autority is statement for the purpose of changing its registered office or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure or registered agent, or both, in the State of Porda. I am familiar with, and acceptable secure	Zip		Country		Zip	Coun	lry					\$8.75 Add	iitional
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B. The above named entils submiss has statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered above. SIGNATURE SIGNATURE SIGNATURE FILE NOWNIT PEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME THOMAS, KEVIN SIRET ADDRESS OUT \$1.2P ITILE NAME	2348 PINE	STREET					Street Addre	FT)	O. Box Number	is Not Acceptabl			
B. The above regreted entities ustimption is statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the obligation of the oblig		_					City			PLHO !		Zip Cod	<u>້</u>
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and accurate and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and that my signature shall have the cases level and the case shall have the cases level and that my signature shall have the cases level and the case shall have the cases level and the case shall have the ca	NAME STREET ADDRESS CITY-ST-ZIP					STREE CITY	ET ADDRESS -ST-ZIP						Add-tion

by signature shall never the same regar effect as a made direct carry, that it am an onicer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, wi

SIGNATURE: