2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

Principal Place of Business Po Box 21107 US	DOCUMENT # P98000076548 1. Entity Name LEWIS FARMS, INC.						04-2	26-2007 90215	5 004 ***	150.00		
Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. City & State City & State A. FEI Number A. FEI Num	RT 2 BOX 31	1	PO BOX 21107									
City & State Ci	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
Schools Schools Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.				03072007	Chg-P	CR2E03	4 (12/06)		
8. Certificate of Status Desired PAR Required StepHens, John N E 220 S.W. 32 SIND ST. FORT LAUDERDALE, FL 33315 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acce	City & State		City & State									
STEPHENS, JOHN E 220 S W 32ND ST. FORT LAUDERDALE, FL 33315 City FL Zip Code City	Zip	Country Zip Cour		Count	тy		5. Certificate of Status Desired					
STEPHENS, JOHN E 220 S.W. 32ND ST. FORT LAUDERDALE, FL 33315 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE TILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 SPECIENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE CEO LEWIS, STEPHEN R. SIRET ADDRESS 220 W 32 ST FORT LAUDERDALE, FL 33315 TILE PO COLEMAN, CAROLYN E. SIRET ADDRESS CITY-S1-2P FORT LAUDERDALE, FL 33315 CITY-S1-2P FORT LAUDERDALE, FL 33315 TILE SPECIAL STEPHENS, JOHN E.		6. Name and Address of Current F	legistered Agent				7. Name and	Address of New Ro	egistered A	gent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synthis hydrod printed remore of requisitered agent and rise it applicable. (Incidence Agent and remaining) PLE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LEWIS, STEPHEN R. SIREST ADDRESS CITY-S1-2P PO COLEMAN, CAROLYN E. STREET ADDRESS CITY-S1-2P FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 DPD COLEMAN, CAROLYN E. STREET ADDRESS CITY-S1-2P FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 DPD DPD DPD DPD DPD DPD DPD D	220 S.W. 32ND ST.					dress (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature True					City				FL	Zip Code		
TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE PD COLEMAN, CAROLYN E. STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP FORT LAUDERDALE, FL 33315 TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME S	FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Finan	icing _	\$5.0	00 May Be		DATE	- 		
NAME SIRET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 TITLE PD COLEMAN, CAROLYN E. SIRET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 TITLE VPD MAME SIRET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE MAME S	10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/0	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
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	NAME STREET ADDRESS CITY-ST-ZIP			NAM Stri City	eet address - St-Zip			Floring Co.				

I hereby certify that the information supplied with this illing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 Date

(954)767-1237