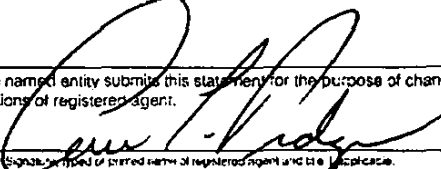
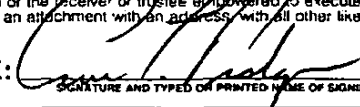


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90049 024 ***150.00

DOCUMENT # P98000077722 1. Entity Name COLORFIELD FARMS, INC.					
Principal Place of Business 8221 HWY 674 WIMAUMA FL 33598			Mailing Address PO BOX 10 WIMAUMA FL 33598		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3532004 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent WILSON, CAROLYN J. 8221 HWY 674 WIMAUMA FL 33598			7. Name and Address of New Registered Agent Name Pidgeon ANNE L Street Address (P.O. Box Number is Not Acceptable) 8221 Hwy 674 City Wimauma FL Zip Code 33598		
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  President VTD 2-15-08 (Signature of officer or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when no state pt.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WILSON, CAROLYN J 8221 HWY 674 WIMAUMA FL 33598	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	president Pidgeon, ANNE, L. 8221 Hwy 674 Wimauma FL 33598	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PIDGOON, ANNE POB 10 WIMAUMA FL 33598	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:  ANNE L. Pidgeon 2-15-08 813-833-2545 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					