

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018376

FILED
Apr 03, 2006
Secretary of State

Entity Name: JAMES CRYSTAL FARMS, INC.

Current Principal Place of Business:

6600 N. ANDREWS AVE.
SUITE 160
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6600 N. ANDREWS AVE.
SUITE 160
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0910128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLARD, JAMES W
6600 N. ANDREWS AVE., SUITE 160
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILLIARD, JAMES C SR.
Address: 7 OCEAN PLACE
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D () Delete
Name: SCHROPFER, GARY E
Address: 4855 ACORN DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: HILLIARD, JAMES W
Address: 6343 N.W. 24TH ST
City-St-Zip: BOCA RATON, FL 33434

Title: VP () Delete
Name: HINDES, RICHARD C
Address: 3557 CYPRESS WOOD CT.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HILLIARD, JAMES C SR.
Address: 6600 N ANDREWS AVENUE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HILLIARD, JAMES W
Address: 6600 N ANDREWS AVENUE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. HINDES

VP

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date