

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58184

Entity Name: TRIANGLE B FARMS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

MISSISSIPPI
2776 LITTLE ROCK DECATUR RD
DECATUR, MS 39327 US

New Principal Place of Business:

Current Mailing Address:

2116 BEELINE ROAD
DECATUR, MS 39327 US

New Mailing Address:

FEI Number: 59-3072406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRASTO, WILLIAM
33 N LAKESHORE BLVD
LAKE WALES, FL 33853 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: PTD () Delete
Name: BROWN, ROGER R.,
Address: 2116 BEELINE ROAD
City-St-Zip: DECATUR, MS 39327

Title: SD () Delete
Name: BROWN, MARGIE L
Address: 2116 BEELINE RD
City-St-Zip: DECATUR, MS 39327

Title: D () Delete
Name: BROWN, BRADD S.,
Address: 7995 HANNAH RD.
City-St-Zip: WINSTON, GA 30187

Title: D () Delete
Name: BROWN, JEFFREY TODD
Address: 2776 LITTLE ROCK/DECATUR ROAD
City-St-Zip: DECATUR, MS 39327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARGIE L. BROWN

SD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date