2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90075 044 ***150.00

Principal Place of Business	DOCUMENT # S86582 1. Entity Name CASE BROTHERS FARMS, INC.						03-13-200	6 90075 044 ***15	50.00	
2503 SW 173 PLACE INMESTEAD, PL 33031 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & Suite Country City & Suite Country Coun	Principal Plac	e of Business	Mailing Address	Address		T ANNZ	ypuu			
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Country Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102006	Chg-P	CR2E034 (11/05)		
S. Certificate of Statutus Desired F. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASE, BRADLEY G 26503 SW 173RD PLACE HOMESTEAD, FL 33031 City FL Zip Code City City City FL Zip Code City Addition NAME Siret Address (P.O. Box Number is Not Acceptable) Code City City City City City City City City City	City & State		City & State							
CASE, BRADLEY C 26503 SW 173RD PLACE HOMESTEAD, FL 33031 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with,	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
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26503 SW 173RD PLACE HOMESTEAD, FL 33031 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 depth. SIGNATURE Signature Sign	CASE, BR	ADLEY G								
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SIGNATURE Signative typed or privisor haire of registered agent and title of epockative (NOTE-Registered Agent signature incoured when remailatory) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE CASE, BRADLEY G. STREET ADDRESS CITY-S1-2IP ITILE D'ACSE, GREGORY G. STREET ADDRESS 14925 SW. 232 STREET GOVLDS, FL 33170 ITILE D'ACSE, GREGORY G. STREET ADDRESS CITY-S1-2IP ITILE NAME STREET ADDRESS						City FL Zip Code				
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## Added to Fees 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Bradley G. Case 3/7/06 305-242-