2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP .

changed, or on an attachment with an address, with all other like empower

FILED Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # V02861 1. Entity Name J.D.I. FARMS, INC. Principal Place of Business Mailing Address 1300 S.R. 31 1300 S.R. 31 PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 02072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0312412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-DO NOT WRITE CHASTAIN, RALPH L. 15350 TERRELL ROAD ALVA, FL 33920 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 PTS TITLE CHASTIN, RALPH NAME 15350 TERRELL ROAD STREET ADDRESS CITY-ST-ZIP ALVA, FL U00000822196 D TITLE 02/19/08-80056-021 150.00 CHASTIN, RALPH NAME STREET ADDRESS 15350 TERRELL ROAD ALVA, FL CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

SIGNATURE: Valor Vieto or Printed Name of Signing Officer or Originature 2 18 08 039 - 693 - 638

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