2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715080

Apr 30, 2006 Secretary of State

Entity Name: SOUTH WALTON UTILITY COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business: 79 SCENIC GULF DR. MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

79 SCENIC GULF DR. MIRAMAR BEACH, FL 32550 US

FEI Number: 59-1673712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANCHORS, C LEDON 909 MAR WALT DRIVE, SUITE 1014 FT WALTON BEACH, FL 32548

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

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CREEL, KEN CREEL, KEN Name: Name: 100 SEASCAPE DRIVE #63 B Address: 100 SEASCAPE DRIVE #63 B Address:

City-St-Zip: DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550

Title: PD Title: (X) Change () Addition () Delete

Name: BROWN, BILL V Name: BROWN, DAVE Address: 5294 TIVOLI DRIVE Address: 746 BAYSHORE DRIVE City-St-Zip: DESTIN, FL City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Delete Title: () Change () Addition

BERBERICH, BILL Name: Name: 1526 ISLAND GREEN Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: RICHARDSON, MICHAEL Name: 11176 HIGHWAY 98 WEST Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip:

Title: () Delete Title: () Change () Addition

MCGILL, JACK Name: Name: 501 MAGNOLIA PLACE Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FLYNT, MICHAEL FLYNT, MICHAEL Name: Name: Address: 204 BAYSHORE DRIVE Address: 204 BAYSHORE DRIVE DESTIN, FL 32550 DESTIN, FL 32550 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER E DEBOGORY **GM** 04/30/2006