2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128977

FILED Mar 12, 2006 Secretary of State

| Entity Na | me: BYRDE | NTERPRISE & LAND DEVELC | PMENT, INC. | | | |
|---|--|----------------------------------|---|---|------------------------|--------------|
| Current P | rincipal Plac | e of Business: | New Prince | New Principal Place of Business: | | |
| | HWAY 2297 CITY, FL 324 | 04 | | 229 GUANA ROAD PANAMA CITY, FL 32409 | | |
| Current N | lailing Addre | ss: | New Maili | New Mailing Address: | | |
| | HWAY 2297 CITY, FL 324 | 04 | | 229 GUANA ROAD PANAMA CITY, FL 32409 | | |
| FEI Number | : 20-0381995 | FEI Number Applied For() | FEI Number Not App | icable () Ce | rtificate of Status De | sired() |
| Name and | Address of | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| 2629 BLAI | & JAMES, P.A R STONE RC SSEE, FL 323 | AD | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing i | ts registered office | e or registered age | nt, or both, |
| SIGNATUI | RE: | | | | | |
| | Electro | nic Signature of Registered Ag | ent | | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | | |
| OFFICER | S AND DIREC | CTORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P (BYRD, ALLEN 1711 HWY 22 PANAMA CITY | 97 | Title: Name: Address: City-St-Zip: | P (X) Cha BYRD, ALLEN 229 GUANA ROAD PANAMA CITY, FL | ange () Addition | |
| Title: | V (|) Delete | Title: | () Cha | ange () Addition | |

TAYLOR, ROSA N Name: Name:

Address: 624 DRIFTWOOD DRIVE Address: LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip:

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

Name: BYRD, MISTY S Name: BYRD, MISTY S Address: 1711 HWY 2297 Address: 229 GUANA ROAD City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: PANAMA CITY, FL 32409

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: MISTY BYRD ٧ 03/12/2006