2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P04000048781 GILYARD ENTERPRISE, INC. Principal Place of Business Mailing Address 108 CROW BUFF RD POST OFFICE BOX 475 SATSUMA, FL 32189 SATSUMA, FL 32189 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0103681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GILYARD, WILLIE DO NOT WRITE 108 CROW BUFF ROAD SATSUMA, FL 32189 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GILYARD, WILLIE STREET LADORESS POST OFFICE BOX 475 U00000498414 04/22/06-80093-025 150.00 City-ST-ZIP SATSUMA, FL 32189 TITS F NAME STREET ADDRESS CSTY - ST - 75P ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 31715 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP DIE STREET ADDITESS CDTY -ST-ZIP 12. Thereby certify that the information supplied with this fitting 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayture Phone 8

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