2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State **DOCUMENT #219894** RIDGE RESOURCES, INC. Principal Place of Business Mailing Address 5900 US HWY 17 S. P.O. BOX 146 BARTOW, FL 33830 US HOMELAND, FL 33847 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-6080945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLAND, A E, JR DO NOT WRITE 1470 HWY 17, SOUTH BARTOW, FL 33830 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 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 After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS THILE HOLLAND, A.E. JR NAME STREET ADDRESS 1470 HIGHWAY 17 S CITY-ST-ZIP BARTOW, FL. SD KING, AUGUSTUS NAME STREET ADDRESS 1470 HIGHWAY 17'S BARTOW, FL CITY-ST-ZIP TITLE VTD MCLAULIN, DOUG, JR STREET ADDRESS 1470 HIGHWAY 17 S DO NOT WRITE CITY-ST-7/P BARTOW, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 trusted 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP