


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90044 030 \*\*\*150.00

<b>DOCUMENT # 392557</b> 1. Entity Name <b>6-MILE BEND CORPORATION</b>	
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Principal Place of Business <b>832 FLEMING DR P.O. BOX 1785 BELLE GLADE, FL 33430 US</b>	Mailing Address <b>832 FLEMING DR P.O. BOX 1785 BELLE GLADE, FL 33430 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**40000760**



01052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1386481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>STEVENS, FREDERICK D. 832 FLEMING DR BELLE GLADE, FL 33430</b>	7. Name and Address of New Registered Agent Name <u>Michael Stevens</u> Street Address (P.O. Box Number is Not Acceptable) <u>105 Ridgewood Avenue</u> City <u>Clewiston</u> <b>FL</b> Zip Code <u>33440</u>
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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 <u><i>Michael Stevens</i></u> <small>Signature, typed or printed name of registered agent and use if applicable</small>	DATE <u>1/8/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD CHAMBLEE, JAMES H JR <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1000 TABIT ROAD	NAME	
STREET ADDRESS	BELLE GLADE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MICHAEL	NAME	
STREET ADDRESS	105 RIDGEWOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, FREDERICK	NAME	
STREET ADDRESS	832 FLEMING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STEVENS, PATRICIA C	NAME	
STREET ADDRESS	832 FLEMING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sandra Chamblee
STREET ADDRESS		STREET ADDRESS	1045 Tabit Road
CITY-ST-ZIP		CITY-ST-ZIP	Belle Glade, FL 33430
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Michael Stevens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/8/07</u> Daytime Phone # <u>561-986-5612</u>