2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90209 048 ***150.00 **DOCUMENT #840043** 1. Entity Name **DURHAM & ASSOCIATES, INC.** Mailing Address Principal Place of Business 1960 STONEGATE DR 1960 STONEGATE DR 60030958 BIRMINGHAM, AL 35242 US BIRMINGHAM, AL 35242 No Chg-P CR2E034 (11/05) 03072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0739841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CED DURHAM, RONALD O NAME 1960 STONEGATE DR STREET ADDRESS BIRMINGHAM, AL 35242 CITY-ST-ZIP TITLE DRUMMOND, GARRY N BOX 141-OVERTON ROAD STREET ADDRESS BIRMINGHAM, AL CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trust changed, or on an attachment with an

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED