2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # F03000001913** 05-02-2007 90336 001 ***450.00 1. Entity Name BAWI SOUTH, INC. Principal Place of Business Mailing Address 66012752 800 SHADES CREEK PARKWAY, SUITE 700 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-1051740 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME WOODHAM, F. EUGENE NAME 800 SHADES CREEK PARKWAY, SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35209 CITY-ST-ZIP Delete Addition TITLE Secretor ☐ Change TITLE Noel D. Woodward WOODHAM, F. EUGENE NAME NAME 800 Shodes Creek Parkway STREET ADDRESS 800 SHADES CREEK PARKWAY, SUITE 700 STREET ADDRESS BIRMINGHAM, AL 35209 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HOLBROOK, JAMES S JR NAME NAME STREET ADDRESS 800 SHADES CREEK PARKWAY, SUITE 700 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35209 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 of 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED