2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: J. Dregary holmson

Jul 24, 2006 8:00 am **Secretary of State** DOCUMENT # F05000005444 1. Entity Name 07-24-2006 90003 042 ***558.75 SBC INSTRUMENT & CONTROL, INC. Principal Place of Business Mailing Address 3405 CR 100 3405 CR 100 CORINTH, MS CORINTH, MS 2. Principal Place of Business 3. Mailing Address PO Box 838 601 Pinecrest Road Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Gorinth, MSS Corinth, MS 61-14-22152 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 38834 38834 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGNETS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) STE E, 773 4TH AVE. NORTH NAPLES FL 34102 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPTV TITLE TITLE ☐ Delete DPTV x☐ Change ☐ Addition JOHNSON, GREGORY J NAME NAME Johnson, Gregory J STREET ADDRESS 3405 CR 100 STREET ADDRESS 601 Pinecrest Road CITY-ST-ZIP CORINTH, MS CITY-ST-ZIP Corinth, MS 38834 TITLE ☐ Delete TITLE X Change ☐ Addition JOHNSON, ANGIE NAME NAME Johnson, Angie 3405 CR 100 STREET ADDRESS STREET ADDRESS 601 Pinecrest Rd CITY-ST-ZIP CORINTH, MS CITY-ST-ZIP Corinth, MS 38834 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

7-18-06 662-287-5522