2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT FILED Mar 01, 2006 08:00 A DOCUMENT #F13494 1. Entity Name **Secretary of State** RUTH K. DAVIS, INC. Prinzipal Place of Business Mailing Address 1981 US 27 S 1981 US 27 S PO BOX 1852 PO BOX 1852 SEBRING, FL 33871 SEBRING, FL 33871 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2081374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, RUTH K DO NOT WRITE 1981 US 27 S SEBRING, FL 33870 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. (NOTE, Registered Agent signature required when reinstating) DATE 1111111111453180 9. Election Campaign Financing \$5.00 May Be 03/14/06-80009-019 150.00 FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAME DAVIS, RUTH K STREET ADDRESS 1981 US 27 S CITY-ST-ZIP SEBRING, FL 33870 TITLE PACK, E. FAYE NAME STREET ADDRESS 1981 U.S. 27 SOUTH CITY-ST-ZIP SEBRING, FL 33870 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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