2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # F95000000121 1. Entity Name 07-11-2005 90198 027 ***150.00 GA AL INVESTORS INC Principal Place of Business Mailing Address 2936 N MCVAY DR 2936 N MCVAY DR MOBILE, AL 36606 MOBILE, AL 36606 2. Principal Place of Business 3. Malling Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 07062005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 63-1125437 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 eignature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ____Change TITLE ☐ Delete TITLE LADNER, JAMES E NAME NAME 2936 N. MCURY Dr STREET ADDRESS STREET ADDRESS 1111 SOUTH BELTLING HIGHWAY, SUITE-6 CITY-ST-ZIP CITY-ST-ZIP MOBILE, AL 36606 Change ■ Addition SC ☐ Delete TITLE LADNER, CAROLYN S NAME NAME 2936 N. Mc Vay Dr 1111 SOUTH BELTLINE HIGHWAY, SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE, AL 36606 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 251 Σ. 7/5/05

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 11, 2005 8:00 am