2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # F95000000823

1. Entity Name
SOD SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4885 SEE WEE RIAD AWENDAW, SC 29429	P.O. BOX 460 MT. PLEASANT, SC 29465

DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0998901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, GREG
PMB 211
200 WINTER SPRINGS BLVD SUITE 106
OVIEDO, FL 32765

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000563082
05/19/06-80080-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	WAGNER, TOBEY A
STREET ADDRESS	735 OLDE CENTRAL WAY
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464
TITLE	ST
NAME	WAGNER, LEE A
STREET ADDRESS	735 OLDE CENTRAL WAY
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464
TITLE	VP
NAME	DOUGLAS, GREGORY S
STREET ADDRESS	1309 COUNTRYWOOD CT
CITY-ST-ZIP	MOUNT PLEASANT, SC 29466
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/06 843-577-5843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #