



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90029 043 \*\*\*150.00

<b>DOCUMENT # F97000003876</b>					
<b>1. Entity Name</b> SVD REALTY ASSET CORP.					
<b>Principal Place of Business</b> 6400 IMPERIAL DR P O BOX 8216 WACO, TX 76714 US			<b>Mailing Address</b> 6400 IMPERIAL DRIVE P O BOX 8216 WACO, TX 76714 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 74-2836873				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SARTAIN, JAMES T 6400 IMPERIAL DR WACO, TX 767148214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James T Sartain 6400 Imperial Drive Waco, TX 76714-8216		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP DEWITT, TERRY 6400 IMPERIAL DRIVE WACO, TX 767128216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RAY, MARGIE 6400 IMPERIAL DRIVE WACO, TX 76714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lott Bastick 6400 Imperial Drive Waco, TX 76714-8216		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSVP HOLMES, JAMES C 6400 IMPERIAL DRIVE WACO, TX 767128216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CCOB HAWKINS, JAMES R 6400 IMPERIAL DR WACO, TX 767148216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard J VanderWoude 6400 Imperial Drive Waco, TX 76714-8216		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP GREAK, JOE S 6400 IMPERIAL DR WACO, TX 767148216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____		1/13/06 (254) 761-2800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			