2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2006 08:00 All Secretary of State **DOCUMENT # H82450** 1. Entity Name ST. AUGUSTINE SELF-STORAGE, INC. Principal Place of Business Mailing Address 5 WILLARD DR 5 WILLARD DR SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 08102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2701448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TINNERMAN, WLLIAM R. DO NOT WRITE 5 WILLARD DR. SAINT AUGUSTINE, FL 32086 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 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 6, 2006 10. OFFICERS AND DIRECTORS TITLE NAME TINNERMAN, WILLIAM R. STREET ADDRESS 5 WILLARD DR. CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 000000574286 TITLE 08/14/06-80008-016 150.nn TINNERMAN, ELMER F NAME STREET ADDRESS 5 WILLARD DR. CITY-ST-7IP SAINT AUGUSTINE, FL 32086 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 role 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

TITLE
NAME
STREET ADDRESS