2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46442

City-St-Zip:

JACKSONVILLE, FL 32216

Entity Name: DEGROVE SURVEYORS, INC

FILED Jul 12, 2006 Secretary of State

| Littly Nai | ille. DEGRO | VE SURVETORS, INC. | | | |
|---|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | PORATE SQU VILLE, FL 32 | JARE BOULEVARD 216 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | PORATE SQI VILLE, FL 32 | JARE BOULEVARD 216 | | | |
| FEI Number: | : 59-2742509 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 2131 COR | ORDON R PRI PORATE SQI IVILLE, FL 32 | JARE BVLD | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 93(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | NILES, GORD | RATE SQUARE BLVD | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | TRACZ, THOM | RATE SQUARE BLVD. | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | NILES, MARY |) Delete A RATE SQUARE BLVD | Title: (Name: Address: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GORDON R. NILES PRES 07/12/2006