
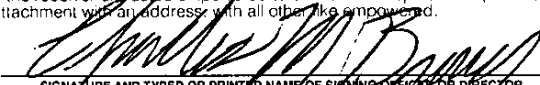


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90176 028 ***150.00

DOCUMENT # J56816 1. Entity Name SYDNEY HIGHLANDS, INC.					
Principal Place of Business C/O CHARLES M. BROWN, SYDNEY RD P.O. BOX 114 SYDNEY, FL 33587-0114			Mailing Address C/O CHARLES M. BROWN, SYDNEY RD P.O. BOX 114 SYDNEY, FL 33587-0114		
2. Principal Place of Business C/O CHARLES M BROWN Suite, Apt. #, etc. P.O. Box 6163 City & State BRANDON FL Zip 33508		3. Mailing Address C/O CHARLES M. BROWN Suite, Apt. #, etc. P.O. Box 6163 City & State BRANDON, FL Zip 33508			
Country U.S.		Country U.S.			
4. FEI Number 59-2815153			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, CHARLES M. SYDNEY ROAD SYDNEY, FL 33587			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BROWN, CHARLES M. SYDNEY ROAD SYDNEY, FL		<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	DST BROWN, NANCY J SYDNEY DOVER RD. SYDNEY, FL		<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			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <div style="float: right; text-align: right;"> 4/18/06 Date </div> <div style="float: right; text-align: right;"> 657-3616 Daytime Phone # </div>					