


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L58830 1. Entity Name SCR SURVEYING & MAPPING, INC.	
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FILED
06 APR 21 11:31

Principal Place of Business 1617 TENNESSEE AVE P.O. BOX 958 LYNN HAVEN, FL 32444 US	Mailing Address % SKIPPER C RUTHERFORD P.O. BOX 958 LYNN HAVEN, FL 32444
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2995911	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 SKIPPER C RUTHERFORD 1617 TENNESSEE AVE LYNN HAVEN, FL 32444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	600073989146 05/04/06--01020--002 **\$61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete RUTHERFORD, SKIPPER C 1617 TENNESSEE AVE LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Troy L. Rutherford 978 Rosemont Drive Panama City, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Delete WHITE, DERWIN R 4116 N. HIGHWAY 231 PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Delete RUTHERFORD, BRENDA C 1617 TENNESSEE AVE LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HILTON, L. CHARLES 4116 N. HIGHWAY 231 PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENSE, ALLAN G 4116 N. HIGHWAY 231 PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DODD, RICHARD M 4116 N. HIGHWAY 231 PANAMA CITY, FL 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/25/04 <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: Brenda C Rutherford Sec/Treas. 4/13/06 850-265-6979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #