2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L60364

t. Entity Name . SUNDEW IRRIGATION SYSTEMS, INC.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8312 W LK MARIAN RD HAINES CITY, FL 33844 US P.O. BOX 1326

HAINES CITY, FL 33845 US



CR2E034 (11/05)

04052006

4. FEI Number 59-3003454

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

VICKERS, DOUGLAS W 8312 W LAKE MARIAN RD HAINES CITY, FL 33844

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No Chg-P

8. The above named entity submits this statement for the purpose of changing like registered office or registered agent, or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of registered agent. or bothly in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. I am familiar with, and accept the properties of Florida. In the State of Florida. I am familiar with, and accept the properties of Florida. In the State of Florida	4.7 1				and the same of the state of th	i
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Affer May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees D4/25/06-80070-017 8.75 10. OFFICERS AND DIRECTORS TRUE NAME VICKERS, DOUGLAS WAYNE 8312 W LK MARIAN RD HAINES CITY, FL 33844 WICKERS, RACHEL SCOTT 8312 W LK MARIAN RD HAINES CITY, FL 33844 TITLE NAME SIRCET ADDRESS CITY-ST-2P TITLE NAME SIRCET ADDRESS	SIGNATURE.	Signature, typed or printed name of registered agent and title	i applicable (NOTE: Registered Agent	l signature	required when reinstating)	DATE
TITLE NAME STREET ADDRESS CITY-ST-2P					\$5.00 May Be Added to Fees	U00000501687 04/25/06-80070-017 8.75
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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 path; that I am an officer or director of the copporation 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: 🏅 ING OFFICER OR DIRECTOR

Douglas W Vickers