2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N04000011326

Entity Name: FLORIDA DXPEDITION GROUP, INC.

Current Principal Place of Business:

2694 NORTH CAMEL AVENUE
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

2694 NORTH CAMEL AVENUE
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLIER, BILLY R
2694 NORTH CAMEL AVENUE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALLIER, BILLY R
Address: 2694 NORTH CAMEL AVENUE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VS ( ) Delete
Name: MCDONALD, CORY B
Address: 5202 N.E. CR-219A
City-St-Zip: MELROSE, FL 32666

Title: T ( ) Delete
Name: PRICE, DAVID H
Address: 6428 N.W. 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALLIER, BILLY R
Address: 2694 NORTH CAMEL AVENUE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VS (X) Change ( ) Addition
Name: MCDONALD, CORY B
Address: 5202 N.E. CR-219A
City-St-Zip: MELROSE, FL 32666 US

Title: T (X) Change ( ) Addition
Name: YOUNG, GARY L
Address: 3331 WILDERNESS CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068-412 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY R. GALLIER PRES 04/17/2006

Electronic Signature of Signing Officer or Director — Date