2006 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # N22830 t. Entity Name 3325, INC. Principal Place of Business Mailing Address 11401 PALMETTO BLVD #9 TURKEY CREEK 9- TURKEY CREEK ALACHUA, FL 32615 US ALACHUA, FL 32615 US 03262006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3496215 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TUCKER, BERNADINE M DO NOT WRITE 11401 PALMETTO BLVD **#9 TURKEY CREEK** IN THIS SPACE ALACHUA, FL 32615 3. The above named entity submits this statement for the purpose of changing ite registered office or registered agent, or both, in the State of Florida. Lam lamillar with, and accept the obligations of registered agent. (NOTE, Registered Apr DATE Filing Foe is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS DDF NAME STEBBINS, GORDAN U000000491503 04/19/06-80024-025 61.25 STREET ADORESS 11403 PALMETTO BLVD CITY-SI-ZIP ALACHUA, FL 32815 MILE NAME BRIDGES, ERNEST STREET ADDRESS 11405 PALMETTO BLVD CITY-ST-ZIP ALACHUA, FL 32615 NAME TUCKER, BERNADINE M STREET ADDIESS #9 TURKEY CREEK 11401 PALMETTO BLVD DO NOT WRITE CITY-ST-ZIP ALACHUA, FL 32615 IN THIS SPACE BBE NAME SPIVAX, DEBBIE STREET ADDRESS 11407 PALMETTO BLVD CITY-ST-DP ALACHUA, FL 32615 TALE NAME STREET ADDRESS Citt-St-Zie

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 118, 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 617, 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/3/06 386-462-274 Chyline Prone #