2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2006 08:00 AM DOCUMENT # P00000018316 **Secretary of State** 1. Entity Name SOUTH FLORIDA 2000, INC. Principal Place of Business Mailing Address 4330 TARKINGTON DRIVE **4330 TARKINGTON DRIVE** LAND O LAKES, FL 34639-4089 LAND O LAKES, FL 34639-4089 CR2E034 (11/05) 02052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3630448 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRIZARD, JO-SMITH B DO NOT WRITE 4330 TARKINGTON DRIVE LAND O LAKES, FL 34639-4084 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BRIZARD, JO-SMITH B NAME STREET ADDRESS 4330 TARKINGTON DRIVE B000000443408 CATY-ST-ZIP LAND O LAKES, FL 346394089 03/06/06-20005-003 158.75 TITLE NAME BRIZARD, MCWILLIAMS 18700 NW 27 AVENUE APT 103 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33056 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARIE STREET ADDRESS CITY-ST-ZP

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 changed, or on an attachment with an address, with all other like empowered.

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCORESS CITY-ST-ZIP

G B Brus and JO-SMITH B. BRIZARD 2-5-06 (813) 996-7433

FILED