2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # P00000027469** DARRELL EDWIN KINSEY, INC. Principal Place of Business Mailing Address 3481 BASSETT DAIRY RD. 3481 BASSETT DAIRY RD. MONTICELLO, FL 32344 MONTICELLO, FL 32344 04162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3708176 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent KINSEY, DARRELL DO NOT WRITE 3481 BASSETT DAIRY RD. MONTICELLO, FL 32344 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 11000000552893 Trust Fund Contribution. Added to Fees 05/15/06-80031-001 150.00 OFFICERS AND DIRECTORS 10. TRLE KINSEY, DARRELL NAME 3481 BASSETT DAIRY RD. STREET ADDRESS MONTICELLO, FL 32344 CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NUME

CITY-ST-ZIP 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.

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STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR