2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P00000040561

Entity Name: MAMIE ENTERPRISES, INC.

Current Principal Place of Business:

902 WEST ALBEE ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2149
NOKOMIS, FL 342742149

New Mailing Address:

P.O. BOX 1196
MAGGIE VALLEY, NC 28751

FEI Number: 59-3640740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, LYNDON J MR.
C/O MONARCH TOURS, INC.
902 WEST ALBEE ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

LOWE, LYNDON J MR.
C/O MAMIE ENTERPRISES, INC.
902 WEST ALBEE ROAD-UPSTAIRS
NOKOMIS, FL 34275 US

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: _____ 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: LOWE, LYNDON J
Address: PO BOX 2149
City-St-Zip: NOKOMIS, FL 342742149

Title: D/VP ( ) Delete
Name: SNYDER, GREGORY C
Address: PO BOX 2149
City-St-Zip: NOKOMIS, FL 342742149

Title: D/S ( ) Delete
Name: LOWE, LLOYD J
Address: PO BOX 2149
City-St-Zip: NOKOMIS, FL 342742149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: LOWE, LYNDON J
Address: PO BOX 1196
City-St-Zip: MAGGIE VALLEY, NC 28751

Title: D/VP (X) Change ( ) Addition
Name: SNYDER, GREGORY C
Address: PO BOX 1196
City-St-Zip: MAGGIE VALLEY, NC 28751

Title: D/S (X) Change ( ) Addition
Name: LOWE, LLOYD J
Address: PO BOX 1196
City-St-Zip: MAGGIE VALLEY, NC 28751

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

SIGNATURE: LYNDON J LOWE D/P 05/01/2006
Electronic Signature of Signing Officer or Director — Date