2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P00000060135 04-17-2007 90245 008 ***150.00 1. Entity Name DDJ DEVELOPMENT, INC. Principal Place of Business Mailing Address 400000020 18323 CR 250 18323 CR 250 LIVE OAK, FL 32060 LIVE OAK, FL 32060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3653526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREVATT, JAMES W JR Street Address (P.O. Box Number is Not Acceptable) 105 N. OHIO AVE LIVE OAK, FL 32060 Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Addition MUSIC, DENNIS NAME NAME STREET ADDRESS 18323 C.R. 250E STREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32060 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition WAINWRIGHT, DONALD NAME NAME PO BOX 6014 STREET ADDRESS STREET ADDRESS LIVE OAK, FL 32064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition PREVATT, JAMES W JR NAME NAME STREET ADDRESS 10657 83RD PLACE STREET ADDRESS 8886 141st Lane LIVE OAK, FL 32060 Live Oak, Florida CITY-ST-7IP CITY-ST-7IP 32060 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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.

SIGNATURE: 9 aler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR