, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF SIGN

FILED Jan 31, 2006 08:00 AN DOCUMENT # P00000076340 **Secretary of State** 1. Entity Name GREEN & GREEN, P.A. Mailing Address Principal Place of Business 9030 WEST FORT ISLAND TRAIL, #5 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 No Chg-P 01242006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3668275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GREEN, JAMES D 9030 WEST FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 34429 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1/00000407923 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 02/08/06-80042-002 150.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. VSD GREEN, JAMES D NAME 9030 WEST FORT ISLAND TRAIL, #5 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CPTD GREEN, W.T. NAME 9030 WEST FORT ISLAND TRAIL #5 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34429 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 stustee 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.

(352)755-4500