2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P00000092083

Entity Name: ALPHA SURVEYING AND MAPPING, INC.

Current Principal Place of Business:

25 PALM HARBOR VILLAGE WAY
SUITE 1
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

25 PALM HARBOR VILLAGE WAY
SUITE 1
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3676987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVY, BENJAMIN
2825 NORTH OCEANSHORE BLVD.
BEVERLY BEACH, FL 32136 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILCOX, DAN A
Address: 12500 HWY 11
City-St-Zip: BUNNELL, FL 32110 US

Title: V ( ) Delete
Name: WILCOX, DAVID T
Address: 8210 C.R. 304
City-St-Zip: BUNNELL, FL 32110 US

Title: S ( ) Delete
Name: WILCOX, SAGE M
Address: 8210 C.R. 304
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WILCOX, DAVID T
Address: 1 ROBIN HOOD LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: S (X) Change ( ) Addition
Name: WILCOX, SAGE M
Address: 1 ROBIN HOOD LANE
City-St-Zip: PALM COAST, FL 32164

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: DAVID T. WILCOX V 04/20/2006

Electronic Signature of Signing Officer or Director — Date