

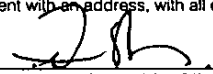


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094644 1. Entity Name LAFAYETTE HILLS, INC.						FILED 06 MAR 24 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4475 BUCK LAKE ROAD TALLAHASSEE, FL 32311				Mailing Address POST OFFICE BOX 120 HOSFORD, FL 32334			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4475 Buck Lake Road Suite, Apt. #, etc.				03212006 Chg-P CR2E034 (11/05)	
City & State Tallahassee, Florida		City & State Tallahassee, Florida		4. FEI Number 59-3752677		Applied For <input type="checkbox"/> Not Applicable	
Zip 32311	Country Leon	Zip 32311	Country Leon	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MONTGOMERY, LIBUS 4475 BUCK LAKE ROAD TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOSFORD, TIFFANY M POST OFFICE BOX 120 HOSFORD, FL 32334 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D E. Lamar Bailey 4475 Buck Lake Road Tallahassee, Florida 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALDWELL, KATHERINE M POST OFFICE BOX 120 HOSFORD, FL 32334 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sally Brooke Bailey 4475 Buck Lake Road Tallahassee, Florida 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Libus Montgomery 4475 Buck Lake Road Tallahassee, Florida 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800069054938 03/30/06--01048--013 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				E. Lamar Bailey 3/21/06 850-878-5300			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							