2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P02000008931** 04-21-2006 90107 011 ***150 00 1. Entity Name A AMERICAN SOD, INC. Principal Place of Business Mailing Address P.O.BOX 3302 1925 HWY 2297 PANAMA CITY, FL 32401 PANAMA CITY, FL 32404 CR2E034 (11/05) 03222006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0582599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent القاصر وفراع أسائديقي الأصاصا اصاربي والاختماء سنتعسب بالإنواء بدفيط والانكراؤهم DO NOT WRITE WOOD, MAJA H 1925 HWY 2297 PANAMA CITY, FL 32404 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 regulated when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE Sementame de legis da edigine distribuita centralia. NAME WOOD, WILLIAM A and the magnesis agrees of magnesis makes where was a green between the control of the green agree of STREET ADDRESS 1925 HWY 2297 CHY-ST-7IP PANAMA CITY, FL 32404 TITLE NAME WOOD, MAJA H STREET ADDRESS 1925 HWY 2297 groverski, militari i signi solomin garrandiste, gjerja ki ostra i simalizmacija za zaditelija e k CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ja jugo liber kang andrig padagahaniban nang antranga. TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

Majat Wood Director

SIGNATURE:

4-17-06

FILED