


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 045 ***158.75

DOCUMENT # P02000124068		
1. Entity Name SPRING HILL STORAGE, INC.		

Principal Place of Business 8402 LAUREL FAIR CIRCLE SUITE 205 TAMPA, FL 33610	Mailing Address 8402 LAUREL FAIR CIR #205 TAMPA, FL 33610
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2. Principal Place of Business <i>9260 Bay Plaza Blvd</i> Suite, Apt. #, etc. <i>501</i>	3. Mailing Address <i>9260 Bay Plaza Blvd</i> Suite, Apt. #, etc. <i>501</i>
City & State <i>Tampa FL</i>	City & State <i>Tampa FL</i>
Zip <i>33619</i>	Country



03312006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1640390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERREIRA, RANDY X 8402 LAUREL FAIR CIRCLE SUITE 205 TAMPA, FL 33610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>9260 Bay Plaza Blvd</i> <i>Ste 501</i> City <i>Tampa</i> <i>FL</i> Zip Code <i>33619</i>
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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)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, RANDY X 8402 LAUREL FAIR CIRCLE, SUITE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9260 Bay Plaza Blvd #501</i> <i>Tampa FL 33619</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAIRIGH, RAYMOND 8402 LAUREL FAIR CIRCLE, SUITE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9260 Bay Plaza Blvd #501</i> <i>Tampa FL 33619</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEMAN, RONALD 8402 LAUREL FAIR CIRCLE, SUITE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9260 Bay Plaza Blvd #501</i> <i>Tampa FL 33619</i> <input checked="" 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
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 information empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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