2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P02000126737

Entity Name: DOGWOOD MOUNTAIN ESTATES, INC.

Current Principal Place of Business:

4219 KIPLING DR.
COCOA, FL 32926

New Principal Place of Business:

5582 YAUPON HOLLY DRIVE
COCOA, FL 32927

Current Mailing Address:

P. O. BOX 540234
MERRITT ISLAND, FL 32954

New Mailing Address:

5582 YAUPON HOLLY DRIVE
COCOA, FL 32927

FEI Number: 01-0771165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALSTON, TOMMY R
4219 KPILING DR.
COCOA, FL 329269 US

Name and Address of New Registered Agent:

ALSTON, TOMMY R
5582 YAUPON HOLLY DRIVE
COCOA, FL 32927 US

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: 03/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALSTON, TOMMY R
Address: 4219 KIPLING DR.
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: ALSTON, O. BRUCE
Address: 4219 KIPLING DR.
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: ALSTON, JOAN W
Address: 5582 YAUPON HOLLY DR.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALSTON, TOMMY R
Address: 5582 YAUPON HOLLY DRIVE
City-St-Zip: COCOA, FL 32927

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TOMMY ALSTON PRES 03/26/2009
Electronic Signature of Signing Officer or Director — Date