2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # P03000025752** 03-27-2006 90241 048 ***150.00 1. Entity Name SWAMP ENTERPRISES, INC. Mailing Address Principal Place of Business 1003 BURLWOOD COURT 1003 BURLWOOD COURT LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-P CR2E034 (11/05) City & State City & State 4. Æl Number Applied For 02-0677888 No: Applicable Country Zip COURTE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILES, BRADLEY W Street Address (P.O. Box Number is Not Acceptable) 1003 BURLWOOD COURT LONGWOOD, FL, FL 32750 City Zip Coce 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it appricable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ■ Addition TITLE ☐ Change (III) F MILES, BRADLEY W NAME STREET ADDRESS 1003 BURLWOOD COURT STREET ADDRESS CITY-ST-AP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE VΡ ☐ Change Accition □ Delete MILES, SUSAN(SHELLY) M HALE MANA STREET ADDRESS 1003 BURLWOOD COURT STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZP Detete DILE X Stange Addition TITLE HARRY W-MILES NAME MILES, HARRY W MASSE 9297 S.E. SHARON ST. STREET AJDRESS 100T2 CHARDONNAY DR-STREET ACCRESS HOBE - SOUND, FL. 33455 CIY-ST-ZP ORLANDO, FL_32822 CHY-SI-ZP HILE Delete TITLE Change ☐ Addition NESP BLAME STREET ACCRESS STREET ADDRESS CTY-ST-ZP C-TY-ST-ZP ☐ Change TALE ☐ Delete TILE Accition NAVE NAVE STREET ADDRESS STREET ACCRESS CIY-SI-ZP CTY-SI-AP TITLE Accition ☐ Delete rn: Change NAME: HAVA: STREET ACCRESS STREET ADDRESS QTY-ST-ZP DITY-SI-ZIP

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.21.06

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FILED