2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90270 016 ***150.00 DOCUMENT # P03000085537 1. Entity Name SDA CAPITAL, INC. 60027135 Principal Place of Business Mailing Address 1200 1ST AVE WEST 1200 1ST AVE WEST SUITE 200 SUITE 200 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0138179 Not Applicable Zio Country Zip Country \$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 PORGES, GREG J 1205 MANATEE AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 City Zip Code FL 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 required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition NAME MILLER, HUGH D NAME 1200 1st Ave. W., Suite 200 STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 350 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PAGE, GARY R NAME STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 350 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 experses, with a lotter like empowered.

HUGHMILLER

SIGNATURE:

2-16-06

Date

(941)748-3433

Daytime Phone #

FILED