2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2007 8:00 am DOCUMENT # P03000092976 **Secretary of State** MICHAEL D. PATTERSON INC. 01-29-2007 90096 024 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2124 P.O. BOX 2124 SANTA ROSA, FL 32459 SANTA ROSA, FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0190867 Not Applicable Zip 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 PATTERSON MICHAEL FARRISH, AUDREY Street Address (P.O. Box Number is Not Acceptable) 804 CHURCHILL BAYOU RD. SANTA ROSA BEACH, FL 32459 785ANDYS POND CITYDETUNIAK SPRINGS 8. The above named entity submits this statement for the office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager SIGNATURE. signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition PATTERSON, MICHAEL D NAME NAME STREET ADDRESS P.O. BOX 2124 STREET ADDRESS CITY-ST-7IP SANTA ROSA, FL 32459 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS 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 ☐ Change TITLE ☐ Addition 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-7IP 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 at other like empowered.

FILED