

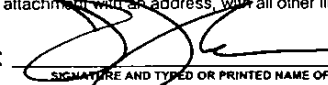


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 028 ***150.00

DOCUMENT # P03000095320 1. Entity Name THIRTY-A ENTERPRISES, INC.					
Principal Place of Business 4703 SEASTAR VISTA DESTIN, FL 32541			Mailing Address 4703 SEASTAR VISTA DESTIN, FL 32541		
2. Principal Place of Business 3426 Club Estates Dr Suite, Apt. #, etc.		3. Mailing Address 3426 Club Estates Dr Suite, Apt. #, etc.		60032947 	
City & State Miramar Beach FL		City & State Miramar Beach FL		4. FEI Number 20-0188133	
Zip 32550		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, JUDD S 4703 SEASTAR VISTA DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Judd S. Jackson Street Address (P.O. Box Number is Not Acceptable) 3426 Club Estates Dr City Miramar Beach FL Zip Code 32550	
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 _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME JACKSON, JUDD S STREET ADDRESS 4703 SEASTAR VISTA CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE Pres NAME Judd S. Jackson STREET ADDRESS 3426 Club Estates Dr CITY-ST-ZIP Miramar Beach FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/T NAME FAULK, ANDREW J STREET ADDRESS 112 OVAHAUD CIRCLE CITY-ST-ZIP DOTHAN, AL 36305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JACKSON, PENNY A STREET ADDRESS 4703 SEASTAR VIS. CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME Penny A. Jackson STREET ADDRESS 3426 Club Estates Dr CITY-ST-ZIP Miramar Beach FL 32550	<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 like empowered.					
SIGNATURE: 			Date 3/6/06 Daytime Phone # 850-231-0850		