2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

Apr 24, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000102511 DIXIÉ DIVERSIFIED, INC. Principal Place of Business Mailing Address 5430 SHAWLAND ROAD 5430 SHAWLAND ROAD JACKSONVILLE, FL 32254 IACKSONVILLE, FL 32254 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 55-0847413 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE WHEELER, PETE 5430 SHAWLAND ROAD JACKSONVILLE, FL 32254 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or grinted name of registered agent and title if applicable 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WHEELER, PETE NAME U00000529665 STREET ADDRESS 5430 SHAWLAND ROAD CITY-ST-ZIP JACKSONVILLE, FL 32254 05/05/06-80084-021 150.00 WHEELER, JACKIE NAME and the second second 5430 SHAWLAND ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32254 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby 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 fin address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED