2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT 06 APR 28 AH 9: 26 DOCUMENT # P04000004803 SECRETARY OF STATE TALLAHASSEE, FLORID, CLAUDE M. HARDEN III, P.A. Principal Place of Business Mailing Address 2888 MAHAN DRIVE 2888 MAHAN DRIVE SUITE 7 SHITE 7 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 No Chg-P CR2E034 (11/05) 04272006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0752040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARDEN, CLAUDE M III DO NOT WRITE 2888 MAHAN DRIVE SUITE 7 IN THIS SPACE TALLAHASSEE, FL, FL 32308/ 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. 288 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HARDEN, CLAUDE M III NAME · Phoatie 2888 MAHAN DRIVE, SUITE 7 STREET ADDRESS TALLAHASSEE, FL 32308 CITY+ST-7IP 100073985701 -- 05/04/06--01016--024 **150.00 TITLE . % STREET ADDRESS CITY ST-ZIP title 5 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 96 : IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 11 STRÉET ADDRESS CITY-ST-ZIP TITLE

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 of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Chron

. 55 ilfr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPRo D AND