2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 21, 2006
Secretary of State

DOCUMENT# P04000016404

Entity Name: STUBBLEFIELD ENTERPRISES, INC.

Current Principal Place of Business:

287 CLOUD DR
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

287 CLOUD DR
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 20-0620416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JAMES
6847 N. 9TH AVE
A
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STUBBLEFIELD, CRYSTAL
Address: 287 CLOUD DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V ( ) Delete
Name: STUBBLEFIELD, BRENNEN
Address: 287 CLOUD DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STUBBLEFIELD, BRENNEN
Address: 287 CLOUD DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V (X) Change ( ) Addition
Name: STUBBLEFIELD, DENNIS
Address: 287 CLOUD DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENNEN STUBBLEFIELD P 08/21/2006

Electronic Signature of Signing Officer or Director — Date