2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

Mar 09, 2006 8:00 am Secretary of State DOCUMENT # P04000041370 03-09-2006 90162 036 ***150 00 1. Entity Name **INGRAM & AYDELOTTE, INC.** Principal Place of Business Mailing Address 7082 SE GOLF RIDGE WAY 7082 SE GOLF RIDGE WAY HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3210432 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Theram INGRAHAM, D. JOHN DO NOT WRITE 7082 SE GOLF RIDGE WAY HOBE SOUND, FL 33455 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS THLE NAME INGRAM, D. JOHN 7082 SE GOLF RIDGE WAY STREET ADDRESS HOBE SOUND, FL 33455 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-Z/P IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADORESS CITY-ST-ZIP 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 eport is you 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 trusted 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 the information indicated on this report or supplemental eport is you 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 trusted empowered to execute this report or supplemental eport is your and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the information indicated on this report or supplemental eport is your 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

FILED