2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2006 8:00 am Secretary of State 04-20-2006 90210 006 ***150.00 **DOCUMENT # P05000010099** 1. Entity Name BLACK TOP DEVELOPMENT, INC. Principal Place of Business Mailing Address 66015621 3545 US HWY 17 N 3545 US HWY 17 N WINTER HAVEN, FL 33883 WINTER HAVEN, FL 33883 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER, LARRY D Street Address (P.O. Box Number is Not Acceptable) 3545 US HWY 17 N WINTER HAVEN, FL 33883 City Zip Code 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 Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Deleta TIT) F Change ■ Addition TUCKER, LARRY D JR NAME NAME STREET ADDRESS 3545 US HWY 17 N STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33883 TITLE ☐ Delete TIRLE ☐ Change ☐ Addition NAME BODOLAY, STEPHEN M STREET ADDRESS 3545 US HWY 17 N STREET ADDRESS CITY-ST-Z# WINTER HAVEN, FL 33883 CXTV-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WILLOUGHBY, TOMMY F NAME NAME STREET ADDRESS 3545 US HWY 17 N STREET ADDRESS WINTER HAVEN, FL 33883 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change PRILLHART, DAVID A NAME STREET ADDRESS 3545 US HWY 17 N STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33883 CITY-ST-ZIP TITLE October Addition HALE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report is true and accurate and that my signature shall have the same logal 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 it changed, or on an attachment with an address, with all other like empowered.

Larry D. Tucker, Jr. 4-18-06 (863) 299-2262

FILED