2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# P05000095022

Entity Name: SDC SERVICES III, INC.

Current Principal Place of Business:

221 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

221 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 16-1728548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCE, HAL
221 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPENCE, HAL
Address: 221 N. CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169 FL

Title: TR ( ) Delete
Name: TROIAN, TIM
Address: 313 DUE EAST
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SEC ( ) Delete
Name: TROIAN, TIM
Address: 313 DUE EAST
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP ( ) Delete
Name: ARENAS, FRANK
Address: 1511 TAYLOR AV.
City-St-Zip: COLEMAN, FL 33521 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAL SPENCE P 02/14/2006

Electronic Signature of Signing Officer or Director Date