2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 18, 2007 08:00 AM **DOCUMENT # P05000116044** Secretary of State M. L. DAVIS GROVES, INC. Principal Place of Business Mailing Address 14921 SWEAT LOOP ROAD 14921 SWEAT LOOP ROAD WIMAUMA, FL 33598 WIMAUMA, FL 33598 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3528467 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, M L JR. DO NOT WRITE 14921 SWEAT LOOP ROAD WIMAUMA, FL 33598 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. Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DAVIS, M L JR. 14921 SWEAT LOOP ROAD STREET ADDRESS WIMAUMA, FL 33598 000000590894 01/19/07-80001-006 158.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 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 if changed, or on an attachment with ar addrees, with all other like empowered.

SIGNATURE: GING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

1-16-07 813-634-1155

Applied For

Not Applicable