2007 FOR PROFIT CORPORATION

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000133292 1. Entity Name 04-25-2007 90199 036 ***150.00 R.W. EDDY ENTERPRISES, INC. Principal Place of Business Mailing Address 2840 NE 21ST WAY 2840 NE 21ST WAY GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3554316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDDY, ROBERT W 2840 NE 21ST WAY Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32609 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE TITLE ☐ Delete ☐ Change ■ Addition NAME EDDY, ROBERT W NAME 2840 NE 21ST WAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-71P TILE ☐ Delete TITLE Change ☐ Addition SMOAK, George C SMOOK, GEORGE C NAME NAME STREET ADDRESS 5107 NW 173 ST STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-7IP COTZIZECTION TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TM E ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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 wit all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED