2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P05000151662 1. Entity Name D.G. SOD ENTERPRISES, INC. Principal Place of Business Mailing Address 2738 PALM DEER DR. 2738 PALM DEER DR. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-3801323 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, DAN H Street Address (P.O. Box Number is Not Acceptable) 2738 PALM DEER DR. LOXAHATCHEE FL 33470 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 crimed hance of registered agent and title if applicable. (NOTE: Repistered Aper Laurenture required when registrating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TIT: F ☐ Defete TITLE ☐ Change GRIFFIN, DAN H NAME NAME U00000897526 04/25/08-80051-013 150.00 STREET ADDRESS 2738 PALM DEER DR. STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE Derete Addition TITLE Change GRIFFIN, PEGGY A NAME: MALIF STREET ADDRESS 2738 PALM DEER DR. STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Derete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SMAIN 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 THILE ☐ Deiete 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 Section 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

PEGGY A. GRIFFIN