

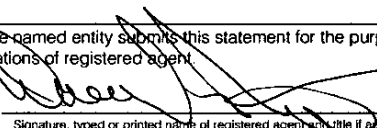



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 004 \*\*\*150.00

<b>DOCUMENT # P05000155645</b> 1. Entity Name <b>DARRELL SINGLETON, INC</b>					
Principal Place of Business <b>11350 CYORESS TRAIL DRIVE ORLANDO, FL 32825</b>			Mailing Address <b>11350 CYORESS TRAIL DRIVE ORLANDO, 32825</b>		
2. Principal Place of Business <b>4460 Hodges Blvd</b> Suite, Apt. #, etc. <b>#1514</b> City & State <b>Jacksonville FL</b> Zip <b>32224</b>		3. Mailing Address <b>4460 Hodges Blvd</b> Suite, Apt. #, etc. <b>#1514</b> City & State <b>Jacksonville FL</b> Zip <b>32224</b>		<b>50022047</b> 	
4. FEI Number <b>20-3823340</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SINGLETON, DARRELL G 11350 CYORESS TRAIL DRIVE ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4460 Hodges Blvd #1514</b> <b>Jacksonville FL</b> Zip Code <b>32224</b>		
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 <b>7-06-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>SINGLETON, DARRELL G</b> <b>11350 CYPRESS TRAIL DRIVE</b> <b>ORLANDO, FL 32825</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Darrell Singleton Apt. 1514 4460 Hodges Blvd. Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4460 Hodges Blvd #1514</b> <b>Jacksonville FL 32224</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>7-06-2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					