2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2006 8:00 am Secretary of State **DOCUMENT # P05000159597** 1. Entity Name 03-31-2006 90010 016 ***150.00 J.B. RUSSELL, INC. Mailing Address Principal Place of Business 2722 GRANT WAY 2722 GRANT WAY THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03242006 Chg-P Applied For City & State City & State 4. FEI Number 20-39 24299 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSELL, JUDITH B Street Address (P.O. Box Number is Not Acceptable) 2722 GRANT WAY THE VILLAGES, FL 32162 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P/+10 Addition TITLE ☐ Change TITLE ☐ Detete JUDZIH B ZUSSFELL NAME NAME STREET ADDRESS DTDD GRANT WAY STREET ADDRESS FL 32162 THE VILLACES CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete TETT F MECHAEL J RUSSELL NAME NAME STREET ADDRESS DIDD THASED LETE STREET ADDRESS CITY-ST-ZIP FL 32162 CITY-ST-7IP THE VELLAGES ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. SIGNATURE: X KISCILLA B RUSSILL