2007 FOR PROFIT CORPORATION

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000016107** 04-25-2007 90163 018 ***150.00 FERN BAY DEVELOPERS, INC. Mailing Address Principal Place of Business 6756 SW COUNTY RD 796 6756 SW COUNTY RD 796 LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 76-0816555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUKES, SR., GERALD R Street Address (P.O. Box Number is Not Acceptable) 6756 SW COUNTY RD 796 LAKE BUTLER, FL 32054 City Zip Code FL 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 if applicable DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE DUKES, SR., GERALD R NAME NAME 6756 SW COUNTY RD 796 STREET ADDRESS STREET ADDRESS LAKE BUTLER, FL 32054 CITY-ST-ZIP CITY-ST-ZIP VPST Change TITLE ☐ Delete TITLE Addition NAME DUKES, JOYCE L NAME 6756 SW COUNTY RD 796 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER, FL 32054 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS

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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.

CITY-ST-ZIP

SIGNATURE: __

CITY-ST-ZIP