


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90369 043 \*\*\*150.00

|  |   |                     |   |   |  |
|--|---|---------------------|---|---|--|
| <b>DOCUMENT # P24823</b><br>1. Entity Name<br><b>SOUTHERN RESOURCES MAPPING CORPORATION OF ALABAMA</b>   |   |                     |   |                |  |
| Principal Place of Business<br><b>2808-4 MCFARLAND BLVD.<br/>NORTHPORT AL 35476</b>  |   |                     | Mailing Address<br><b>2808-4 MCFARLAND BLVD.<br/>NORTHPORT AL 35476<br/>US</b>                                      |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |   |  |
| City & State   |   | City & State        |   | 4. FEI Number <b>63-0940221</b>   |  |
| Zip  |   | Country             |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |  |
| Zip  |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |   |                     | 7. Name and Address of New Registered Agent   |   |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-creating) DATE</small>   |   |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE  | PTD <input type="checkbox"/> Delete           |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | <b>MATTHEWS, JOHN H. 3903 Gaineswood Lane</b> |                     | NAME  |   |  |
| STREET ADDRESS   | <b>2201 NORTHBRIDGE ROAD</b>                  |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | <b>TUSCALOOSA AL 35406</b>                    |                     | CITY - ST - ZIP   |   |  |
| TITLE  | VSD <input type="checkbox"/> Delete           |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | <b>HALLMAN, DAVID E.</b>                      |                     | NAME  |   |  |
| STREET ADDRESS   | <b>16670 HWY 69 N</b>                         |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | <b>NORTHPORT AL</b>                           |                     | CITY - ST - ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete               |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |   |                     | NAME  |   |  |
| STREET ADDRESS   |   |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |   |                     | CITY - ST - ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete               |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |   |                     | NAME  |   |  |
| STREET ADDRESS   |   |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |   |                     | CITY - ST - ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete               |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered. |   |                     |   |   |  |
| SIGNATURE: <i>John Matthews</i>  |   |                     | 5/8/06 205.338.990<br><small>Date Daytime Phone #</small>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                     |   |   |  |