


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90021 022 ***150.00

DOCUMENT # P30664	
1. Entity Name DOWDLE GAS, INC.	

Principal Place of Business ATTN: JOHN R. BOWEN P.O. BOX 9129 COLUMBUS, MS 39705-9129	Mailing Address ATTN: JOHN R. BOWEN P.O. BOX 9129 COLUMBUS, MS 39705-9129
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50009455



2. Principal Place of Business P.O. Box 8060	3. Mailing Address P.O. Box 8060
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State Columbus MS	City & State Columbus, MS
Zip 39705	Country USA
Zip 39705	Country USA

4. FEI Number 64-0372952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SASSER, MIKE 9550 PENSACOLA BLVD PENSACOLA, FL 32534	
7. Name and Address of New Registered Agent Name NRAI Services, Inc Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite 4 City Weston FL Zip Code 33331	

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 **NRAI Services, Inc** DATE **3/31/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENNIS, GARY		NAME	
STREET ADDRESS 2413 HWY US NORTH		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANKLIN, LARRY		NAME	
STREET ADDRESS 2413 HIGHWAY 45 NORTH		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCSWEENEY, JIM		NAME	
STREET ADDRESS 2413 HIGHWAY 45 N		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWEN, JOHN R		NAME	
STREET ADDRESS 2413 HIGHWAY 45 NORTH		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWDLE, J. NUTIE		NAME	
STREET ADDRESS 2413 HIGHWAY 45 NORTH		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOWDLE, JOHN C		NAME	
STREET ADDRESS 2413 HWY 45 N		STREET ADDRESS	
CITY-ST-ZIP COLUMBUS, MS 397059129		CITY-ST-ZIP	

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: **Secretary** DATE **3/31/06** DAYTIME PHONE # **662-328-4670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR