2006 FOR PROFIT CORPORATION

FILED Jun 12, 2006 08:00 Al ANNUAL REPORT Secretary of State DOCUMENT # P93000000546 1. Entity Name WILLIAM B. SAUNDERS ENTERPRISES, INC. Mailing Address Principal Place of Business 2066 BALFOUR CR. 2066 BALFOUR CR. TAMPA, FL 33619 TAMPA, FL 33619 06082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3162113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SAUNDERS, WILLIAM B II DO NOT WRITE 2066 BALFOUR CR. TAMPA, FL 33619 IN THIS SPACE 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. Lam lamiliar with, and accept the obligations of registered agent. 06/12/06-80007-019 150:00: SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE SAUNDERS, WILLIAM B II NAME STREET ADDRESS 2066 BALFOUR CR. TAMPA, FL 33619 CITY-ST-ZIP TITLE SAUNDERS, SANDRA NAME STREET ADDRESS 2066 BALFOUR CR. CITY-ST-ZIP **TAMPA, FL 33619** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE tm £ NAME STREET ADDRESS 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 applicable.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZP