2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000009863

Entity Name: SDB, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8 BAYOU DRIVE 150 ALLEN LOOP DR.

FORT WALTON BEACH, FL 32547 SANTA ROSA BEACH, FL 324594146

Current Mailing Address: New Mailing Address:

8 BAYOU DRIVE 150 ALLEN LOOP DR

FORT WALTON BEACH, FL 32547 SANTA ROSA BEACH, FL 324594146

FEI Number: 59-3169553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSH, LAWRENCE P GREENLEES, GENE 8 BAYOU DR 150 ALLEN LOOP DR.

FORT WALTON BEACH, FL 32547 US SANTA ROSA BEACH, FL 324594146 US

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.

SIGNATURE: GENE GREENLEES 03/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: PRES (X) Change () Addition

Name:DAVIS, JOSEPH JRName:GREENLEES, GENEAddress:33 BAYSHORE DRAddress:150 ALLEN LOOP DR.

City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: SANTA ROSA BEACH, FL 324594146

Title: SDS () Delete Title: S/TR (X) Change () Addition

 Name:
 BUSH, LAWRENCE P
 Name:
 KELLER, ROBERT

 Address:
 8 BAYOU DR
 Address:
 1459 OAKMONT

 City-St-Zip:
 FORT WALTON BEACH, FL 32547
 City-St-Zip:
 NICEVILLE, FL 32578

Title: TDS (X) Delete Title: () Change () Addition

 Name:
 KELLER, ROBERT
 Name:

 Address:
 1459 OAKMONT
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

Title: VPDS (X) Delete Title: () Change () Addition

 Name:
 GREENLEES, GENE
 Name:

 Address:
 150 ALLEN LOOP DRIVE
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE GREENLEES PRES 03/15/2005