


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90193 014 \*\*\*150.00

<b>DOCUMENT # P93000024528</b>	
1. Entity Name <b>DIXIE BOX &amp; CRATING OF FLORIDA, INC.</b>	

Principal Place of Business <b>3017 E PRINCESS ANNE ROAD NORFOLK, VA 23504</b>	Mailing Address <b>3017 E PRINCESS ANNE ROAD NORFOLK, VA 23504</b>
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2. Principal Place of Business <b>9 South 12th Street</b>	3. Mailing Address <b>9 South 12th Street</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>Richmond, VA 23219</b>	City & State <b>Richmond, VA 23219</b>
Zip <b>23219</b>	Country <b>VA</b>

01262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>54-1673346</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN VA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEUSNER, JOHN D 630 MCFARLAND HOUSTON, TX 77011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Michael C. Smith 9 South 12th St Suite 100 Richmond, VA 23219 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CUMMINGS, ROBERT 3017 E PRINCESS ANNE RD. NORFOLK, VA 23504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Robert L. Cummings, Sr 9 South 12th Street Suite 100 Richmond, VA 23219 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC FRASIER, CHARLES 645 NW 4TH AVE FT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MICHAEL, SMITH 3017 E PRINCESS ANNE RD NORFOLK, VA 23504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Robert L. Cummings Robert L. Cummings 4-26-06 814 643 3444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #