2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2008 08:00 A **Secretary of State** DOCUMENT # P94000051714 THE DRIGGERS GROUP, INC. Principal Place of Business Mailing Address ONE NE 1ST AVE ONE NE 1ST AVE SUITE 301 SUITE 301 OCALA, FL 34470 OCALA, FL 34470 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3254978 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DRIGGERS, HELLEN K DO NOT WRITE 1 NE 1 AVE STE 301 OCALA, FL 34470 IN THIS SPAC 1. 1, 4 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 acce the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000796231 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 /29/08-80024-008 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DRIGGERS, WALTER J III NAME STREET ADDRESS 1747 S.E. 5TH STREET CITY-ST-ZIP OCALA, FL 34471 TITLE DRIGGERS, HELLEN K NAME STREET ADDRESS 1747 S.E. 5TH ST CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP HIS SPACE TITLE NAME STREET ADDRESS

FILED

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 directed to 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 changed, or on an attachment with an address, with all other like empowered.

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