2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM **DOCUMENT # P94000090982 Secretary of State** TIMOTHY D. PETERSON, INC. Mailing Address Principal Place of Business 1600 SELVA MARINA DR 1600 SELVA MARINA DR ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3286125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, TIMOTHY D DO NOT WRITE 1600 SELVA MARINA DR ATLANTIC BEACH, FL 32233 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE fNOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. T(T) F PETERSON, TIMOTHY D NAME STREET ADDRESS 1600 SELVA MARINA DR CITY-ST-ZIP ATLANTIC BEACH, FL 32233 01/30/06-80087-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 trustely 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1/19/06

904-246-3144