2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007832

Entity Name: SNELGROVE ENTERPRISES INC.

FILED Jan 23, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------|--|
| 525 NE SANTA FE BLVD HIGH SPRINGS, FL 32643 | 3 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 14557 NW US HWY 441 ALACHUA, FL 32615 | | | | |
| FEI Number: 59-3353427 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| SNELGROVE, DIANA 14557 NW US HWY 441 ALACHUA, FL 32615 U | S | | | |
| 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: | | | | |
| Electronic | Signature of Registered Agen | t | Date | |

OFFICERS AND DIRECTORS:

Title:

 Name:
 SNELGROVE, DIANA H

 Address:
 14557 NW US HWY 441

 City-St-Zip:
 ALACHUA, FL 32615

Title: S

Name: PAYNE, AMANDA S Address: 14557 NW US HWY 441 City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

SIGNATURE: DIANA SNELGROVE PRES 01/23/2012