FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P96000030103 LAKE SEMINOLE PROPERTIES, INC. Principal Place of Business Mailing Address 8166 HIGHWAY 90 P.O. BOX 610 SNEADS, FL 32460 SNEADS, FL 32460 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3379455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent MCDANIEL, KEVIN DO NOT WRITE 7296 HWY 90 GRAND RIDGE, FL 32442 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE MCDANIEL, WILLIAM R NAME LEXINGTON LANE STREET ADDRESS U00000539227 CYPRESS, FL 32432 City-SI-Zi2 05/09/06-80091-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 attachiment with an address, with all other like empowered.

SIGNATURE:

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

MALIAN A ME DUNCE GNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 /24/06 (850)5936836