2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2006 8:00 am Secretary of State DOCUMENT # P96000046716 01-26-2006 90044 020 ***150.00 DEEP SOUTH TRADING CO. Principal Place of Business Mailing Address 700 WILMA STREET LONGWOOD FL 32750 700 WILMA STREET LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3390005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIFFITHS, REBECCA B Street Address (P.O. Box Number is Not Acceptable) 325 SPRUCEWOOD ROAD LAKE MARY FL 32746 City Zip Code 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 1/18/06 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition ☐ Delete TITLE ☐ Change NAME GRIFFITHS, REBECCA B NAME STREET ADDRESS 325 SPRUCEWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete ☐ Change ☐ Addition NAME GRIFFITHS, BRIAN KENDALL B STREET ADDRESS 325 SPRUCEWOOD ROAD STREET ADDRESS CITY-ST-7IP LAKE MARY FL 32746 CITY-ST-ZIP Same Delete TITLE Addition NAME BARAGONA, CHARLES J III NAME 423 overstreet Avenue STREET ADDRESS STREET ADDRESS 365 EAGLE CREEK CIRCLE Longwood, FL 32750 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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if changed, or on an attackment with an address, with all other like empowered. SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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