2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P97000028136 FLORIDA FIRST ENTERPRISE GROUP, INC. Principal Place of Business Mailing Address 1500 NW 3RD ST 1500 NW 3RD ST CRYSTAL RIVER, FL 34428-3817 US CRYSTAL RIVER, FL 34428-3817 US CR2E034 (11/05) 02072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3442311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STERMER, ROBERT A 8585 SW SR 200 SUITE 9 IN THIS SPACE **OCALA, FL 34481** 5. 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 Signature, typed or printed name of registered apent and title if applicable. INOTE, Registered Agent signature required when reinstating! \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. РD TITLE WATTLES, BRETT B NAME U00000524215 1500 NW 3RD ST STREET ADDRESS 05/03/06-80104-009 150.00 CITY-ST-ZIP CRYSTAL RIVER, FL 344283817 TITLE NAME STREET ADDRESS CITY-ST-ZIP STLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. It 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 attachment with an additional properties.

SIGNATURE:

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

AME OF SIGNING DEFICER OF DIRECTOR