2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 17, 2006 08:00 AM **DOCUMENT # P97000071945 Secretary of State** 1. Entity Name YELLOW WATER PINES, INC. Principal Place of Business Mailing Address 14770 NORMANDY BLVD 14770 NORMANDY BLVD JACKSONVILLE, FL 32234 IACKSONVILLE, FL 32234 03072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3464065 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIFFIN, GALYNNA K DO NOT WRITE 14770 NORMANDY BLVD JACKSONVILLE, FL 32234 IN THIS SPACE 6. The above parned 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. CATE Stonature, typed or orinted cents of recistered agent and title it applicable (NOTE: Registered Agent signature regulated when reinstating) 9. Election Campaign Financing U000000472**03**4 FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 03/29/06-80020-016 150**.0**0 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GRIFFIN, GALYNNA K NAME STREET ADDRESS 14770 NORMANDY BLVD CITY-ST-ZIP JACKSONVILLE, FL 32234 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 tegal effect as if made under path; that I am an officer or director of the corporation or the requirer or trustee employered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attache likerempowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OF DIRECTOR