2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 01, 2006 08:00 Al DOCUMENT # P97000091250 Secretary of State 1. Entity Name BLOTTS II, INC. Principal Place of Business Mailing Address 5463 W IRLO BRONSON MEM HWY PO BOX 100 KISSIMMEE, FL 32741 GOTHA, FL 34734 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3475150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PETERSON, ROBERT D DO NOT WRITE 13124 LUNTZ POINT LANE WINDERMERE, FL 34786 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME PETERSON, ROBERT D 13124 LUNTZ POINT LANE STREET ADDRESS U00000452631 CITY-ST-ZP WINDERMERE, FL 34786 13/13/06-80006-020 150.00 TITLE NAME STREET ADDRESS CTTY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITS F NAME

12. I horeby 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 address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

106

467-876-8495

Date

Daytime Phone #