2006 FOR PROFIT CORPORATION
__ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State **DOCUMENT # P97000106442** SOUTHSIDE TOUCHTON INVESTMENTS, INC. Mailing Address Principal Place of Business 2936 DUPONT AVENUE 2936 DUPONT AVENUE SUITE 2 SUITE 2 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 CR2E034 (11/05) 04242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3490953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SKINNER, A. CHESTER III DO NOT WRITE 2963 DUPONT AVENUE SUITE 2 IN THIS SPACE JACKSONVILLE, FL 32217 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME SKINNER, ARTHUR C III 2963 DUPONT AVENUE, SUITE 2 STREET ADDRESS JACKSONVILLE, FL 32217 CITY-ST-ZIP U000000551356 05/13/06-80096-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or rustee empendent to execute this people are quitted by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like processing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

704-732-9400

Date

Dayame Phone #