


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 013 ***150.00

DOCUMENT # P98000069547	
1. Entity Name NED BAILEY, INC.	

Principal Place of Business 735 SW DELAND LOOP GREENVILLE, FL 32331	Mailing Address 735 SW DELAND LOOP GREENVILLE, FL 32331
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60013104

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 89 Suite, Apt. #, etc.
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City & State	City & State Madison
Zip	Zip 32341
Country	Country



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BAILEY, NED E 735 SW DELAND LOOP GREENVILLE, FL 32331		7. Name and Address of New Registered Agent Name Ned E. Bailey Street Address (P.O. Box Number is Not Acceptable) 1 City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE M	<input type="checkbox"/> Delete	TITLE m	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, NED E		NAME Bailey, Ned E	
STREET ADDRESS 735 SW DELAND LOOP		STREET ADDRESS PO Box 89	
CITY-ST-ZIP GREENVILLE, FL 32331		CITY-ST-ZIP Madison FL 32341	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, NATALIE		NAME	
STREET ADDRESS 735 SW DELAND LOOP		STREET ADDRESS	
CITY-ST-ZIP GREENVILLE, FL 32331		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Ned E Bailey **2-13-06 850 524 2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #