2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 Al Secretary of State DOCUMENT # P99000035215 1. Entity Name C.I.G., INC. Principal Place of Business Mailing Address 4534 S.W. 105TH DRIVE 4534 S.W. 105TH DRIVE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3571879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUTCHER, KEITH A DO NOT WRITE 4534 S.W. 105TH DRIVE GAINESVILLE, FL 32608 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CRUTCHER, KEITH A NAME 4534 S.W. 105TH DRIVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 U00000662142 03/21/07-80001-012 150.00 TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE

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 supplied manual 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 of 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 providerss, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Crutcher

2/23/07 (35

(352)376-4939