2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000041044** 05-10-2006 90094 042 ***150.00 1. Entity Name D.L.'S LANDCLEARING & SHELL, INC. Principal Place of Business Mailing Address 2760 SOUTHEAST SHELL PIT ROAD 2760 SOUTHEAST SHELL PIT ROAD ARCADIA, FL 34266 ARCADIA, FL. 34266 2. Principal Place of Business 3. Mailing Address 6018 S.E. Airport Road <u>6018 S.E. Airport Road</u> 05012006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 65-0914786 Not Applicable <u>Arcadia, FL</u> 34266 Arcadia, FL \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dianne D. Hagan, P.A. SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1800 Second Street 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Suite 957 ^{Cily} Sarasota, Zip \$4236 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 Dianne D. Hagan, P.A. (NOTE: Registered Agent signature required when reinstating) <u>4/30/06</u> of registered sent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE HDE ■ Addition Change PD BRANTLEY, DONALD L JR. NAME NAME Brantley, Donald L. Sr. STREET ADDRESS 2760 SOUTHEAST SHELL PIT ROAD STREET ADDRESS 6018 S.E. Airport Road CITY-ST-ZIP ARCADIA, FL 34266 CHTY+ST-ZE SD Brantley, Ollie Ann 6018 S.E. Airport Road TITLE Delete TITLE ☐ Change Addition X NAME NAME STREET ADDRESS STREET ADDRESS Arcadia, FL 34266 CITY-ST-ZIP CHTY-ST-ZIP ☐ Defete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change ■ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7P 12. Thereby 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

FILED

4/30/06