


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90101 036 \*\*\*158.75

<b>DOCUMENT # P99000090811</b>	
1. Entity Name <b>SNIPES, INC.</b>	

Principal Place of Business <b>261 JOHNS GLEN DRIVE JACKSONVILLE, FL 32259</b>	Mailing Address <b>261 JOHNS GLEN DRIVE JACKSONVILLE, FL 32259</b>
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2. Principal Place of Business <b>516 ST. CLAUDE PL</b>	3. Mailing Address <b>2220 CR 210 W #108-128</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32259</b>	Zip <b>32259</b>
Country <b>USA</b>	Country <b>USA</b>

40095713



06152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3601774</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SNIPES, ANTHONY T 261 JOHNS GLEN DRIVE JACKSONVILLE, FL 32259</b>	
7. Name and Address of New Registered Agent Name <b>SNIPES, ANTHONY T. (SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>516 ST. CLAUDE PL</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32259</b>	

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 *Anthony T. Snipes* DATE 6-15-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SNIPES, ANTHONY T 261 JOHNS GLEN DR JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>516 ST. CLAUDE PL JACKSONVILLE, FL 32259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SNIPES, SAMANTHA 261 JOHNS GLEN DR JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>516 ST. CLAUDE PL JACKSONVILLE, FL 32259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra S. Smith* DATE 6-15-06 DAYTIME PHONE # 904-826-3317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR