.~2006 FOR PROFIT CORPORATION

Feb 06, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P99000090951 1. Entity Name MLS GROVES, INC. Principal Place of Business Mailing Address 1731 BIGNONIA DRIVE P.O. BOX 821 SEBRING, FL 33871-0821 US SEBRING, FL 33870 01072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0976480 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SWAINE, MARY L DO NOT WRITE 1731 BIGNONIA DRIVE SEBRING, FL 33870 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. SIGNATURE Signature, typed or printed name of registered agent and ritle if applicable. (NOTE. Registered Agent eignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SWAINE, MARY L STREET ADDRESS 1731 BIGNONIA DRIVE CITY-ST-ZIP SEBRING, FL 33870 TITLE U00000421413 02/16/06-80036-802 150.00 NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAULE STREET ADDRESS CITY-ST-ZP

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 my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 ff changed, or on an attachment with an address, with all offer like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-762

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED