2008 FOR PROFIT CORPORATION

Apr 11, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000101462** 04-11-2008 90055 024 ***150 00 1. Entity Name FIELD DATA SURVEYORS, INC. Principal Place of Business Mailing Address 4531 SERENITY TRAIL **4531 SERENITY TRAIL** PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 CR2E034 (11/05) No Chg-P 03162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3609985 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAGERTY, JOSEPH C III 4531 SERENITY TRAIL PALM HARBOR, FL 34685 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΠ TITLE HAGERTY, JOSEPH III NAME 4531 SERENITY TRAIL STREET ADDRESS PALM HARBOR, FL 34685 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 oath; that I am an officer or director of the corporation or the receiver or rustee 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:

NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

727-641-6966

FILED