2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM DOCUMENT # S32006 Secretary of State 1. Entity Name SOUTHERN ACREAGE, INC. Principal Place of Business Mailing Address 4401 LAKESIDE DR. 4401 LAKESIDE DR. STE 104 JAČKŠONVILLE FL 32210 US JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-3069547 Not Applicable Zip Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NESBITT, THOMAS, JR. Street Address (P.O. Box Number is Not Acceptable) 4401 LAKESIDE DR #104 JACKSONVILLE FL 32210 Zip Code 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 ox printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5,00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Detete ☐ Change ☐ Addition DILE TITLE NAME NESBITT, THOMAS, JR. NAME STREET ADDRESS 4401 HERSCHEL ST #104 STREET ADDRESS *U00000436137* CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP 02/27/06-80026-003 158.75 Delete TITLE IIILE ☐ Change Addition 🔲 MAME ALARAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZTP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIV CITY-ST-707 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- AP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate end 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:

2-14-06 904476-4780

FILED