2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # S65077 04-17-2006 90417 038 ***150.00 1. Entity Name ROGER HILL TREES, INC. Principal Place of Business Mailing Address **400 EL CAMINO DR** 400 EL CAMINO DR 50013087 #203 #203 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business 3. Mailing Address 4256 Ashton Club Dr. 4256 Ashton Club Suite, Apt. #, etc 04142006 CR2E034 (11/05) Cha-P 4. FEt Number Applied For City & State City & State 59-3073755 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, ROGER K. Street Address (P.O. Box Number is Not Acceptable) 4356 AShton Culo **6011 STATE ROAD 545** WINTER GARDEN, FL 34787 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete ☐ Addition TITLE TITLE HILL, ROGER K. NAME 4256 Ashton Club Dr STREET ADDRESS 400 EL CAMINO DR #203 STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE e alterar Politica NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attachyon twith an address, with all other five empowered.

FILED