

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 27, 2006
Secretary of State**

DOCUMENT# P97000058899

Entity Name: N97GB CORP.

Current Principal Place of Business:

4917 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

815 SOUTH MAIN STREET
MOULTRIE, GA 31768

Current Mailing Address:

4917 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

815 SOUTH MAIN STREET
MOULTRIE, GA 31768

FEI Number: 59-3455344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINGER, WILLIAM L
4917 MARINERS PT DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MCLEAN, MICHAEL J
185 RIO VISTA DRIVE
SOPCHOPPY, FL 32358 US

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.

SIGNATURE: MICHAEL J. MCLEAN 10/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINGER, WILLIAM L
Address: 4917 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCLEAN, MICHAEL J
Address: 815 RIO VISTA DRIVE
City-St-Zip: SOPCHOPPY, FL 32358

Title: SEC () Change (X) Addition
Name: STONE, DAVID E
Address: 520 SOUTH MAIN STREET
City-St-Zip: MOULTRIE, GA 31768

Title: TREA () Change (X) Addition
Name: STONE, DAVID E
Address: 520 SOUTH MAIN STREET
City-St-Zip: MOULTRIE, GA 31768

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MCLEAN PRES 10/27/2006
Electronic Signature of Signing Officer or Director Date