


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # F82976 1. Entity Name BRENDA KAY CRAIG & ASSOCIATES REALTY, INC.		
Principal Place of Business 5121 EHRLICH ROAD, STE 106A TAMPA, FL 33624	Mailing Address 5121 EHRLICH ROAD, STE 106A TAMPA, FL 33624	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRAIG, ROBERT C. 12906 GOLFCREST TERRACE TAMPA, FL 33624		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CRAIG, BRENDA KAY 12906 GOLFCREST TERRACE TAMPA, FL	
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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.		
SIGNATURE: <i>Brenda Kay Craig</i> Brenda Kay CRAIG		Date 1-23-06 Daytime Phone # (813) 961-7666



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2212208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000402744
02/03/06-80020-011 150.00

**DO NOT WRITE
IN THIS SPACE**