2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90411 003 ***150.00 **DOCUMENT # P03000136144** RANDALL REA, INC. Principal Place of Business Mailing Adoress 7530 W. JIM LANE 7530 W. JIM LANE CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0412422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REA, RANDALL DO NOT WRITE **7530 W. JIM LANE** CRYSTAL RIVER, FL 34428 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, 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE n REA, RANQALL NAME STREET ADDRESS 7530 W. JIN LANE CRYSTAL RIVER, FL 34428 CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> W KuRandall Rea SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-422-5773

Date

FILED