2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver if changed, or on an attachment

SIGNATURE:

Feb 09, 2006 8:00 am **DOCUMENT # 208035 Secretary of State** 1. Entity Name 02-09-2006 90023 019 ***150.00 JOE FEARNLEY REAL ESTATE, INC. Principal Place of Business Mailing Address 1203 N. DIXIE HWY LAKE WORTH FL 33460 1203 N. DIXIE HWY LAKE WORTH FL 33460 Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-0817068 Not Applicable \$8.75 Additional Country Parm Boh 5. Certificate of Status Desired Palm Bch. Fee Required Name and Address of Current Registered Agent Name FEARNLEY, JOSEPH Street Add 1203 NORTH DIXIE LAKE WORTH FL 33460 its 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 above named entity subthe obligations of registered gent. **SIGNATURE** FILE NOWLY FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Defete TITL F Change ■ Addition NAME FEARNLEY, JOSEPH E. NAME STREET ADDRESS STREET ADDRESS 1203 NORTH DIXIE 33461 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Change TITLE Delete TITLE Addition FEARNLEY, CHRISTI NAME STREET ADDRESS STREET ADORESS 1203 NORTH DIXIE LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED