2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT #349644** 04-17-2006 90343 021 ***150.00 1. Entity Name BILL WIESE REALTY, INC. Mailing Address Principal Place of Business 2574 TROTTERS TRAIL 2574 TROTTERS TRAIL COCOA, FL 32926 US COCOA FL 32926 US No Chg-P CR2E034 (11/05) 03252006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1270669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WIESE, EMMA M. 2574 TROTTERS TRAIL IN THIS SPACE COCOA, FL 32926 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PD WIESE JR.WILLIAM J NAME 2574 TROTTERS TRAIL STREET ADDRESS CITY-ST-ZIP COCOA. FL 32926 SDT TITLE WIESE, EMMA M NAME STREET ADDRESS 2574 TROTTERS TRAIL COCOA, FL 32926 CITY-ST-ZIP TITLE WIESE EMMA M STREET ADDRESS 2574 TROTTERS TRAIL DO NOT WRITE COCOA, FL 32926 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS 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 an address, with all other like empowered.

SIGNATURE:

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

OF SIGNING OFFICER OR DIRECTOR

FILED