

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491203

Entity Name: DOVE REALTY, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

9220 BONITA BEACH ROAD
201
BONITA SPRINGS, FL 34135

Current Mailing Address:

PO BOX 110489
NAPLES, FL 34108

New Principal Place of Business:

9220 BONITA BEACH ROAD
203
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-1656584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVE, EMIL WILSON
9220 BONITA BEACH ROAD
201
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

DOVE, EMIL WILSON
9220 BONITA BEACH ROAD
203
BONITA SPRINGS, FL 34135 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:

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DOVE, EMIL WILSON,
Address: 9220 BONITA BEACH RD # 201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V () Delete
Name: CHRISTENSEN, BETTY J, EAN
Address: 9220 BONITA BEACH RD # 201
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DOVE, EMIL WILSON,
Address: 9220 BONITA BEACH RD # 203
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change () Addition
Name: CHRISTENSEN, BETTY J, EAN
Address: 9220 BONITA BEACH RD # 203
City-St-Zip: BONITA SPRINGS, FL 34135

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: EMIL WILSON DOVE

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date