Jan 26, 2006 8:00 am 2006 FOR PROFIT CORPORATION ANNUAL REPORT **Secretary of State DOCUMENT # 509888** 01-26-2006 90037 013 ***150.00 1. Entity Name HISTORIC STILTSVILLE, INC. Principal Place of Business Mailing Address **3250 MARY ST** 3250 MARY ST 406 406 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1689442 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALDWIN, GAIL B DO NOT WRITE **3250 MARY ST** IN THIS SPACE COCONUT GROVE, FL 33133 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) 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 10. OFFICERS AND DIRECTORS TITLE

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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. with all other like empowered.

SIGNATURE:

BALDWIN, GAIL B

SESSIONS, PAT

3250 MARY ST #406

COCONUT GROVE, FL 33133

1754 S. BAYSHORE LANE COCONUT GROVE, FL 33133

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23,06 305.44

FILED

Applied For

Not Applicable