2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2006 8:00 am Secretary of State **DOCUMENT #554978** 1. Entity Name 01-20-2006 90026 043 ***150.00 BOCA GRANDE REAL ESTATE, INC. Principal Place of Business Mailing Address P.O. BOX 686 430 WEST 4TH STREET BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1871808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPURGEON, MARK A Street Address (P.O. Box Number is Not Acceptable) 430 WEST 4TH STREET BOCA GRANDE, FL 33921 Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SPURGEON, MARK A. NAME NAME STREET ADDRESS STREET ADDRESS 271 SEABREEZE COURT CITY-ST-ZIP BOCA GRANDE, FL 33921 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition DILENA, RALPH JR NAME 41 SPORTSMAN PLACE 105 DOUBLOON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLACIDA, FL 33946 CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Delete ☐ Change ☐ Addition TITLE NAME LUTZ, DONALD C NAME STREET ADDRESS 9 FAIRWAY ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROTONDA WEST, FL 33947 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE T/T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED