2006 FOR PROFIT CORPORATION

FILED Mar 31, 2006 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | | |
|---|--|----|--|--|--|--|
| DOCUMENT # 577749 1. Entity Name HARKINS REALTY, INC. | | | | | | |
| Principal Place of Business 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746 US | Malling Address 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746 U | s | | | | |
| DO NOT WRITE | IN THIS SPA | CF | | | | |

| ١ | 03202006 | No Chg-P | CR2 | E034 (11/05) |
|----------------------------------|--------------|----------|-----------------------------------|--------------|
| ł | 4. FEI Numbe | | | Applied For |
| Ĺ | 59-1837 | 7086 | | Not Applicat |
| 5. Certificate of Status Desired | | | \$8.75 Additional Fee Regulard | |

5. Name and Address of Current Registered Agent HARKINS, C. WILLIAM

3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32746

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

| SIGNATURE. | Signature, typed or primed name of registered agont and title in | epplicable (RCTE, Registered Ag | ent signatur | b required when reinstating) | DATE |
|---------------------------------------|--|--|----------------------------------|---|--|
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financia Trust Fund Contribution. | ™ □ | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| THRE NAME STREET ADDRESS CITY-ST-ZIP | PVD HARKINS, C.WILLIAM 3525 W LAKE MARY BLVD STE 306 LAKE MARY, FL 32748 | | | | U00000486677 04/13/06-80047-011 150.00 |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP | T HARKINS, C.WILLIAM 3525 W LAKE MARY BLVD STE 308 LAKE MARY, FL 32746 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HARKINS, SUSAN L. 280 NEW GATE LOOP HEATHROW, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | is stokeny trake | | | |
| 12. I hereby indicated of the co- | certily that the information supplied with this fi ion this report or supplemental report is true a repretation or the receiver or trustee ampower, or on an attachment with an address, with all | fing does not qualify for the exemund accurate and that my signature of to execute this report as required other like empowered. | ptions co shall ha by Char | ntained in Chapter 11 ve the same legal effe oter 607, Florida Statut | 9, Florida Statutes. I further certify that the Information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |

8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept