2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

ANNOAL ILL OIL				-	Sagratary of State
1. Entity Nam	MENT #591560 VS REALTY AND INVESTME	NT CORPORATION			Secretary of State
3317 W. MC	ce of Gusiness KAY AVE. 33609-4627	Mailing Address 3317 W. MCKAY AVE. TAMPA, FL 33609-4627			NE ADITA SATAT ENUT ENUT ENUT ENUT ENUT ENUT ENUT ENU
DO NOT WRITE IN THIS SPACE 8. Name and Address of Current Registered Agent				01162006 4. FEI Numb 59-235	
MATHEWS, CAROLYN C 3317 W. MCKAY AVE. TAMPA, FL 33609			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Signature, typed or printed name of registered agent and trils if applicable. (NOTE: Registered Agent and trils if applicable.) 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees	DATE
10.	OFFICERS AND DI	RECTORS	t	• • • • • • • • • • • • • • • • • • • •	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POSA MATHEWS, CAROLYN C 3317 W. MCKAY AVE. TAMPA, FL 336094627		-		800000545885 05/11/06-80095-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP		72.4			05/11/06-80095-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE		-			
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12. I hereby certify that the information supplied with this filling 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.

O'OU ATURE

STITEET ADDRESS

STOMATURE AND THE OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

A/22/06 813-877-798/

CARolun C. Mathews