2006 FOR PROFIT CORPORATION

May 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F05000004375 05-05-2006 90191 048 ***150.00 1. Entity Name REA COMPANIES, INC. Principal Place of Business Mailing Address CUACIUUC 2002 SUMMIT BLVD., SUITE 1000 2002 SUMMIT BLVD., SUITE 1000 ATLANTA, GA 30319 ATLANTA, GA 30319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 02-0557311 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM LEEBRICK, BRIAN D ESQ. ss (P.O. Box Number is Not Acceptable) OSPREソーPoエルナ 220 MCKENZIE AVENUE PANAMA CITY, FL 32401 zin£94229 OSPREY element for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registered SIGNATURE Signature, type 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 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. □ Delete TITLE Change Addition TITLE REA, WILLIAM J JR. NAME NAME 2002 SUMMIT BLVD., SUITE 1000 STREET ADDRESS STREET ADDRESS ATLANTA, GA 30319 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ШЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied to 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 truetes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ress, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with a

SIGNATURE:

FILED