

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004575

FILED
Mar 08, 2006
Secretary of State

Entity Name: KAISER REALTY RESORT PROPERTIES, INC.

Current Principal Place of Business:

100 COVE AVENUE
GULF SHORES, AL 36542

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 1018
GULF SHORES, AL 365471018

New Mailing Address:

FEI Number: 63-0784588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
226 PALAFAX PLACE 9TH FL
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: KAISER, LEONARD A
Address: P.O. DRAWER 1018
City-St-Zip: GULF SHORES, AL 365471018

Title: VP () Delete
Name: KAISER, RANDAL R
Address: PO DRAWER 1018
City-St-Zip: GULF SHORES, AL 365471018

Title: VP () Delete
Name: HARRELL-MCKENZIE, SHEILA
Address: PO DRAWER 1018
City-St-Zip: GULF SHORES, AL 365471018

Title: VP () Delete
Name: KAISER, GLEN T
Address: PO DRAWER 1018
City-St-Zip: GULF SHORES, AL 365471018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA HARRELL-MCKENZIE

VP

03/08/2006

Electronic Signature of Signing Officer or Director

Date