2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State CUMENT # F15442 (TRAL FLORIDA REALTY INVESTMENTS, INC. Þ al Place of Business Mailing Address % WILLIAM CLARK 1440 E. MINNESOTA AVENUE ORANGE CITY FL 32763 AM CLARK MINNESOTA AVENUE 1 2 cipal Place of Business 3. Mailing Address e. Apt. #, etc. Suite, Apt. ff, etc. tst MOORE CR2E034 (10/05) State 4. FEI Number Applied For City & State 59-2088196 Not Applicate Country 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 CLARK, WILLIAM 1440 E. MINNESOTA AVENUE OBANGE CITY FL 32763 Street Address (P.O. Box Number is Not Acceptable) Zip Code £ 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 access poligations of registered agent. ٤ Signature typed or previou name of registered agent and time if applicable (NOTE: Registered Agent signature required when remaining) DAIE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2006 Fee Will Be \$550.00 8. Election Campaign Financing \$5.00 May € Trust Fund Contribution. Added to Fees theck Payable to Florida Department of State į 7 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 7 PST TITLE ☐ Change ☐ Add™ Delete ĸ CLARK, WILLIAM NAME 01/30/06-80054-008 150.00 5 1440 E. MINNESOTA AVÈ STREET ADDRESS ε ORANGE CITY, FL 0 CITY-ST-ZIP T ☐ Defete TITLE ☐ Change D Admi k NAME 5 STREET ADDRESS C CITY-ST-ZIP 1 Delete TITLE ☐ Change Acc. MAME ٤ STREET AUDRESS CITY-ST-ZIP Delete TITLE ☐ Chance □ /*..." ٤ STREET ADDRESS 15 CITY-ST-ZIP Delete TITLE ☐ Change MAME STREET ADDRESS City-St-ZtP ☐ Delete ☐ Change □ A=="" NAME ٤ STREET ADDRESS CITY-ST-ZIP figreby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information folicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or direction 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 1 Changed, or on an attachment with an address, with all other like empowered.

BillClark

NATURE:

1/20/06

*386-717-56*0