

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13028

FILED
Aug 23, 2006
Secretary of State

Entity Name: HIGHLANDS REALTY, INC.

Current Principal Place of Business:

408 E BELL ST
AVON PARK, FL 33825 US

New Principal Place of Business:

6 NORTH PROSPECT AVE
AVON PARK, FL 33825 US

Current Mailing Address:

C/O PROFESSIONAL TAX CONSULTANTS
P.O. BOX 7166
WINTER HAVEN, FL 33883 US

New Mailing Address:

FEI Number: 59-2249259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, ANN R
C/O PROFESSIONAL TAX CONSULTANTS, INC
112 AVENUE E SW
WINTER HAVEN, FL 33880 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, ANN R.,
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, ANN R.,
Address: 408 ED CARTER STREET
City-St-Zip: AVON PARK, FL 33825

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: ANN R CARTER

P

08/23/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date