AUG-10-2006(THU) 08:41   NORWALK, HARRISON & ASSOCIATES   8/1

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-14-2006 90036 006 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G21021

1. Entity Name:
C.L. STEELE REALTY, INC.

Principal Place of Business	Mailing Address
316 JOHN YOUNG PKWY SUITE #10 KISSIMMEE, FL 34741	316 JOHN YOUNG PKWY SUITE #10 KISSIMMEE, FL 34741

08102006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2270607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELE, CHSRLES L
316 JOHN YOUNG PKWY
SUITE #10
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: Steele, Charles L. (corrected Spelling)

Street Address (P.O. Box Number is Not Acceptable)

City: FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8-10-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PTD NAME: STEELE, CHARLES L STREET ADDRESS: 1501 E. WIND CITY-ST-ZIP: KISSIMMEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with 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 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.

SIGNATURE: [signature] 8-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #