2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State **DOCUMENT # G40123** 05-01-2006 90381 026 ***150.00 KNUTSSON REALTY, INC. Principal Place of Business Mailing Address 40013104 4621 CANDY BLVD 4621 GANDY BLVD TAMPA, FL 33611 TAMPA, FL-33611 2. Principal Place of Business 3. Mailing Address 670 CIEARWATEL - LARGO KO 670 CLEARWATER LALGO Suite, Apt. #, etc SUITE D 04272006 Cha-P CR2E034 (11/05) SUITE City & State City & State 4 FELNumber Applied For LALGO LARGO 59-2303474 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNUTSSON, GEORGE A. Street Address (P.O. Box Number is Not Acceptable) 4621 GANDY BLVD Suire TAMPA, FL 33611 Zip Code 33770 L ARGO 8. The above named entity submits this stategrent 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Addition ☐ Delete TITLE KNUTSSON, GEORGE NAME NAME 670 CLEARWATER-LARGO RD. STREET ADDRESS 4021 GANDY BLVD STREET ADDRESS LARGO CITY-ST-ZIP TAMPA, FL-33611 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TELLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

FILED

4/26/06

Oaytime Phone #