2006 FOR PROFIT CORPORATION

FILED Apr 24, 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
1. Entity Name	MENT # G53929 EST REALTY & INVESTMEN				our y	e state	
28179 VANDERBILT DRIVE 2817: STE 2 STE 2		Mailing Address 28179 VANDERBILT DRIVE STE 2 BONITA SPRINGS, FL 34134-	8179 VANDERBILT DRIVE				
D	O NOT WRITE	CE	04202006 4. FEI Numb 59-231	No Chg-P	CR2E034		
	6. Name and Address of Current R	egistered Agent]	·			
15330 CÉI NAPLES, F		DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for lons of registered agent.	he purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	rida. I am fami	liar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 - 8. Election Campaign Finar After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOPPS, WILLIAM E 15330 CEDARWOOD LN, #161 NAPLES, FL 34110			-	U00 05/05/1	00052976 06-8008:	50 3-011 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	·				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	
TITLE]				

12. I hereby certify that the information supplied with this filling 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 of 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: WASHOWN CASHOWN OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZEP

NAME STREET ADDRESS CITY-ST-ZIP

WILLIAM E. STOPPS