2006 FOR PROFIT CORPORATION

Apr 18, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # G57710 CARRICK REALTY CORPORATION Principal Pface of Business Mailing Address % ELEANOR L. CURRAN C/O RICHARD W CURRAN 532 12TH AVENUE S. 25 WOOLWORTH ST. NAPLES, FL 33940 LONGMEADOW, MA 01106 04072006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2343562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRAN, RICHARD DO NOT WRITE 532 12TH AE, S. **SUITE 1600** IN THIS SPACE NAPLES, FL 34102 6. 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. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD DD F MAME CURRAN, ELEANOR 532 12TH AVE \$ STREET ADDRESS CITY-ST-ZIP NAPLES, FL 000000. TO U00000516903 DILE CURRAN, RICHARD W. NAME 05/01/06-80023-008 150.nd STREET ADDRESS 25 WOOLWORTH STREET LONGMEADOW, MA 01106 CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SITLE IN THIS SPACE MAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 charged, or on an attachment with an address, with all other like empowered.

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TITLE MAME STREET ADDRESS CCTY-ST-ZiP

> A W. Cum RICHAROW CORRAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06

Date Daylime Phone #

FILED