2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # G78514 A ABLE REALTY OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address % DOROTHY TUGGLE % DOROTHY TUGGLE 1810 CREIGHTON RD. 1810 CREIGHTON RD. PENSACOLA, FL 32504 PENSACOLA, FL 32504 US CR2E034 (11/05) 01162006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2402539 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE TUGGLE, DOROTHY 1810 CREIGHTON ROAD PENSACOLA, FL 32504 IN THIS SPACE 3. 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, typodier prioted name of registered agent and the disponential. (NOTE, Registered Agent argusture required when reinstating) DATE Election Campaign Financing \$5.00 May Be 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. PVS TITLE TUGGLE, DOROTHY NAME 1810 CREIGHTON RD. STREET ADDRESS CITY ST-ZIP PENSACOLA, FL TITLE TUGGLE, DOROTHY NAME STREET ADDRESS 1810 CREIGHTON RD. CITY ST 707 PENSACOLA, FL nre NAME STREET ADDRESS DO NOT WRITE CTTY ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST 70 ππε

12. Thereby 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 call; 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 at other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPES ON PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR

april 11. 2006 Departe Mones

FILED