
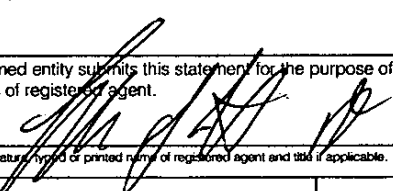
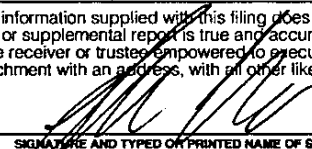


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90275 022 ***150.00

DOCUMENT # H32859 1. Entity Name ARANDA REALTY INC.					
Principal Place of Business 4403 SE 16TH PLACE STE 3 CAPE CORAL, FL 33904 US			Mailing Address 4403 SE 16TH PLACE STE 3 CAPE CORAL, FL 33904 US		
2. Principal Place of Business 1310 SW 4th Terrace Suite, Apt. #, etc.		3. Mailing Address PO Box 101506 Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 59-2473286	
Zip 33991		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTI, JOHN J 4403 SE 16TH PLACE STE 3 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name John J. Conti Street Address (P.O. Box Number is Not Acceptable) 1310 SW 4th Terrace City Cape Coral FL Zip Code 33991		
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:  (NOTE: Registered Agent signature required when reinstating) 3/3/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CONTI, JOHN J.		TITLE P	NAME Conti, John J.	
STREET ADDRESS 4403 SE 16TH PL, SUITE 3	CITY-ST-ZIP CAPE CORAL, FL 33904		STREET ADDRESS 1310 SW 4th Terrace	CITY-ST-ZIP Cape Coral, FL 33991	
TITLE ST	NAME IZZO, MICHAEL		TITLE ST	NAME Izzo, Michael	
STREET ADDRESS 4403 SE 16TH PL, SUITE 3	CITY-ST-ZIP CAPE CORAL, FL 33904		STREET ADDRESS 1310 SW 4th Terrace	CITY-ST-ZIP Cape Coral, FL 33991	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/3/05 Daytime Phone # 239-312-8700					

50022879



02232005 Chg-P CR2E034 (10/03)