



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar. 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H55996</b> 1. Entity Name 1ST FLORIDA REAL ESTATE RESOURCES, INC.							
Principal Place of Business 101 E. STUART AVENUE LAKE WALES, FL 33853		Mailing Address 101 E. STUART AVENUE LAKE WALES, FL 33853					
DO NOT WRITE IN THIS SPACE		  02202006    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2807342</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number 59-2807342	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  MARTIN, CHERYL M 19200 HWY 27 LAKE WALES, FL 33853		DO NOT WRITE IN THIS SPACE					
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS		1100000477100 04/06/06-80042-009 150.00					
TITLE	D	DO NOT WRITE IN THIS SPACE					
NAME	MARTIN, CHERYL M						
STREET ADDRESS	19200 HWY 27						
CITY-ST-ZIP	LAKE WALES, FL 33853						
TITLE	PD						
NAME	GRIMES, YVETTE R						
STREET ADDRESS	5813 VAUGHN ROAD						
CITY-ST-ZIP	BARTOW, FL 33830						
TITLE	D						
NAME	FAZZINI, SILVIO						
STREET ADDRESS	101 E STUART AVE						
CITY-ST-ZIP	LAKE WALES, FL 33853						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
<b>12.</b> 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.							
SIGNATURE: <u>Yvette R. Grimes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/17/06</u> Daytime Phone # _____					
YVETTE R. GRIMES							