2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # H65443** Apr 17, 2006 08:00 AN 1. Entity Name **Secretary of State** FGE REALTY, INC. Principal Place of Business Mailing Address 3595 WEST LAKE MARY BLVD. 3595 WEST LAKE MARY BLVD. SUITE A SUITE A LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 07-9389769 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOD, DANIEL P. Street Address (P.O. Box Number is Not Acceptable) 7750 APPLE TREE CIRCLE ORLANDO FL 32819 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Recustered Agent signature required when roinstating) DATE FILE NOW!!! FEE JS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE Addition 🔲 NAME WOOD, DANIEL P. NAME U00000512975 STREET ADDRESS 7750 APPLE TREE CIRCLE STREET ADDRESS 04/29/06-80110-017 150.00 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete RITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TIRLE TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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.