2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90197 024 ***150.00

DOCUMENT # H79569 1. Entity Name COLDING REAL ESTATE, INC.					01-16-2007 90197 024 ***150.00					
Principal Place of Business Mailing Address					PANATA					
% WADE M. COLDING 718 NORTH 15TH STREET IMMOKALEE, FL 34142 US		% WADE M. COLDING 718 NORTH 15TH STREET IMMOKALEE, FL 34142 US		10000 80			M AM AM			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	01052007	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number 59-258				plied For t Applicable	
Zíp	Country	Zip	Country		<u> </u>	of Status Desired	L Fe	1.75 Add Require		
	6. Name and Address of Current	Registered Agent	- ,	Name	7. Name and	Address of New R	egistered Age	ent		
COLDING.	WADE M		[]	vanie					:	
COLDING, WADE M. 718 NORTH 15TH STREET IMMOKALEE, FL 34142			[5	Street Address (P.O. Box Number is Not Acceptable)						
			L							
				City	FL 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 little # applicable. (NOTE: Registered Agent sprature required when renstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Cempaig Trust Fund Contri			5.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	111.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11	
TITLE	PT	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET A	energe						
CITY-ST-ZIP	l ·		CITY-ST-	· · · · · · · · · · · · · · · · · · ·					i	
RILE	S	☐ Delete	DILE					Change	Addition	
NAME	COLDING-MAYS, SUSAN L		NAME.							
STREET ADDRESS	718 N 15TH ST. IMMOKALEE, FL 34142		STREET A	i i						
MILE	VS	☐ Delete	TITLE	VS	<u> </u>			Change	Addition	
NAME	SAGE, DONNA		NAME	Sag	ge, Donn	C _i	_	V 2		
STREET ADDRESS	718 N. 133 ST		STREET A	00RESS ¬1,19€	らい たかさ	· f c				
CITY-ST-ZIP	IMMOKALEE, FL 34142		City-SI-	Tu II	mokalec,	PC 34143] Change	- Addition	
TITLE NAME		☐ Delete	TITLE NAME				L] Change	Addition	
STREET ADDRESS			STREET A	Doress						
COTY-ST-ZIP			CITY-ST-	ZIP						
TITLE NAME		☐ Delete	TITLE] Change	☐ Addition	
STREET ADDRESS			NAME Street A	DORESS						
CITY-ST-ZIP			CITY-ST-	- 1						
MLE		C) Dates	nne				·	Change	☐ Addition	
NAME STREET ADDRESS			name Street a	DOBLESS						
CITY-ST-ZIP			CITY-ST-							
40 11			-							

12. Hereby certify that the information supplied with this filing does **not quality** 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: Wade M. Colling
SIGNATURE AND TYPED OR PRINTED NAME OF SECURIS OFFICER OR DIRECTOR

1-11-07

239-657-4444