2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 11, 2006 08:00 AM Secretary of State DOCUMENT # K30100 1. Entity Name SEA WINDS REALTY OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address SEAWINDS REALTY INC. SEAWINDS REALTY INC. 808 S.E. 46TH LANE # 1 808 S.E. 46TH LANE # 1 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 CR2E034 (11/05) No Chg-P 01042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applica 65-0066647 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEISLER, DONALD A. DO NOT WRITE 4017 SE 19TH PLACE **SUITE 204** IN THIS SPACE CAPE CORAL, FL 33904 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution OFFICERS AND DIRECTORS 10. TITLE HEISLER, DONALD A. MAME STREET ADDRESS 4017 SE 19TH PLACE, SUITE 204 CAPE CORAL, FL 33904 C177-S7-21P TITLE NAME 0000005018**18** 04/25/06-00080-003 (50.00 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. 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 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-S7-2/P TITLE NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ACCRESS CITY-ST-ZIP