2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2005 08:00 AM DOCUMENT # K52048 **Secretary of State** 1. Entity Name ELOUISE REALTY, INC Mailing Address Principal Place of Business PO BOX 1570 109 MELVIN ST, SUITE D DESTIN, FL 32540 DESTIN, FL 32540 No Chg-P CR2E034 (10/03) 01302005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2928133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOOLEY, ELOUISE DO NOT WRITE 830 GULF SHORE DR DESTIN, FL 32541 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE, Repistered Agent signature required when reinstang) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME WOOLEY, ELOUISE 830 GULF SHORE DR STREET ADDRESS U00000225243 02/11/05-80032-010 150.00 DESTIN, FL 32541 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 logal 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:

TATLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elouise wooley

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