## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000053258

Entity Name: TRUREALITY, LLC

Name:

Address:

City-St-Zip:

C/O GMI P.O. BOX 701

VALLEY FORGE, PA 19482 US

FILED Jan 18, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** BEACH HOUSE #31 SOUTH SEAS RESORT CAPTIVA, FL 33924 **New Mailing Address: Current Mailing Address:** BEACH HOUSE #31 SOUTH SEAS RESORT CAPTIVA, FL 33924 FEI Number: 20-1398866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUDEL, NORMAN SOUTH SEAS RESORT BEACH HOUSE #31 CAPTIVA, FL 33924 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TRUDEL, MICHAEL A Name: Name: Address: C/O GMI P.O. BOX 701 Address: VALLEY FORGE, PA 19482 US City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MARTELLUCCI, KAREN Name: Address: C/O GMI P.O. BOX 701 Address: City-St-Zip: VALLEY FORGE, PA 19482 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TRUDEL, CARTER J Name: Name: C/O GMI P.O. BOX 701 Address: Address: City-St-Zip: VALLEY FORGE, PA 19482 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition TRUDEL, MARK N

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL TRUDEL **MGRM** 01/18/2006