2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L26001 1. Littly Name CAHILL REALTY, INC.				Secretary of State	
Principal Plac		Mailing Address — PO BOX 20669			
P.O. BOX 20 BRADENTO		BRADENTON FL 342	04		
2. Principal Place of Business		3. Mailing Address			
Suite, Apl. II, etc.		Suite, Apt. #, etc		151 MODRE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 65-0286200 Applied For Not Applied his	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	5. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
CAHILL, MARK F. 7115 LONGBOAT DR N LONGBOAT KEY FL 34228				ddress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
	named entity submits this statementons of registered agent	t for the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida 1 am tamiliar with, and accept	
SIGNATURE .					
	Signature, typed or printed name, of registered ag		PTE Registered Agent signalul	de required wheri renislating) DATÉ	
After	ILE NOW!!! FEE IS \$150.00. May 1, 2006 Fee Will Be \$550. Payable to Florida Department	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AT	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PVT CAHILL, MARK	☐ Delete	TITLE	☐ Change ☐ Addition	
STRÉET ADDRESS	7115 LONGBOAT OR N	•	STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	Dr.lete	CHY-ST-TP	☐ Change ☐ Addition	
MANAC		LI Doile	MAME	Contract	
STREET ADDRESS			STREET ADDRESS		
CDY-S1-ZIP		- Delate	CHY-SI-ZIP	☐ Change ☐ Addition	
NAME		C Pelele	NAME		
STREE: ADDRESS CITY-ST-7IP			STRLET ADDRESS CITY-ST-71P		
MILE		☐ Detele	TITLE	☐ Change ☐ Addition	
MAME		•	NAME		
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP		
SSTLE		☐ Defete	TILE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET AUURESS	•	
STREET ADDRESS City -St - ZIP			CITY ST-ZIP		
IKKTE		☐ Detete	TALL	☐ Change ☐ Addition	
NAME STRLET ADDRESS			NAME SIREEI ADDRESS		
City-St-AP		_	C(TY-ST-ZIP		
andicated of the cor	on this report or supplemental repo	rt is true and accurate and that movement to execute this repa	i my signature shall ha art as required by Cha	contained in Section 119, Florida Statutes. I lutther certify that the information ave the same tegal effect as if made under oath, that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	

FILED

Mar 29, 2006 08:00 AM