2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L30195

1. Entity Name

AMARAL AND ASSOCIATES REALTY, INC.



Principal Place of Business

13 UTILITY DRIVE PALM COAST, FL 32137 Mailing Address

13 UTILITY DRIVE PALM COAST, FL 32137

FILED Mar 28, 2006 8:00 am Secretary of State

03-28-2006 90124 004 ***150.00

~~~~A116.3



### DO NOT WRITE IN THIS SPACE

02092006 No Chg-P CR2E034 (11/05)

FEI Number
 59-2979191

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

| _  |              |             |         |                  |  |  |  |  |
|----|--------------|-------------|---------|------------------|--|--|--|--|
| 6  | Name and     | Addrage of  | Current | Registered Agent |  |  |  |  |
| ٠. | 1461110 6110 | MUU. 444 VI | Odiloni | Lohisteren Whenr |  |  |  |  |

AMARAL, MARIA 13 UTILITY DRIVE (OFFICE) PALM COAST, FL 32137

# DO NOT WRITE 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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE                                                                    |                                                                |                                                        |                               |                                |          |  |  |  |  |
|                                                                                                                                                                                                                               | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00    | Election Campaign Finance     Trust Fund Contribution. |                               | \$5.00 May Be<br>Added to Fees |          |  |  |  |  |
| 10.                                                                                                                                                                                                                           | OFFICERS AND DIREC                                             | TORS                                                   |                               |                                | <u> </u> |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>AMARAL, MARIA<br>13 UTILITY DRIVE<br>PALM COAST, FL 32137 |                                                        | DO NOT WRITE<br>IN THIS SPACE |                                |          |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                |                                                        |                               |                                |          |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                |                                                        |                               |                                |          |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                |                                                        |                               |                                |          |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                |                                                        |                               |                                |          |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                |                                                        |                               |                                |          |  |  |  |  |

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 oath; that I am an officer or director of the corporation or the receiver or trustee emplowered 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 all other like empowered.

SIGNATURE:

MULCULATA AMARAC
MURE AND PYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

Daytime Phone #