2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT #L40997** 05-01-2006 90350 031 ***150.00 B & W REALTY, INC. Principal Place of Business Mailing Address 8695 COLLEGE PARKWAY 13300 - 56 S. CLEVELAND AVENUE **STE 266** FT. MYERS, FL 33907 FT. MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 59-2986459 Not Applicable Country \$8.75 Additional Zip Żip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILEY, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 16196 CROWN ARBOR WAY FT. MYERS, FL 33908 TRIANA TERRAL 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE **CHARLES WILEY** NAME NAME 9331 TRIANA TERRACE #4 Ft Myers, FL 33912 16196 CROWN ARBOR WAY STREET ADDRESS STREET ADDRESS FT, MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TET) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

FILED