2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006329

Entity Name: APPLEWOOD'S ESTATES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
2085 SE FOURTH STREET OKEECHOBEE, FL 34974	610 N. PARROTT AVE OKEECHOBEE, FL 34972

Current Mailing Address:	**New Mailing Address:**
2085 SE FOURTH STREET OKEECHOBEE, FL 34974	610 N. PARROTT AVE. OKEECHOBEE, FL 34972

FEI Number: 20-1339529   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NUNEZ, DAVID 2085 SE FOURTH STREET OKEECHOBEE, FL 34974 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 |

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES
Title: D ( ) Delete Name: NUNEZ, DAVID Address: 2085 SE FOURTH STREET City-St-Zip: OKEECHOBEE, FL 34974	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: NUNEZ, ANITA Address: 2085 SE FOURTH STREET City-St-Zip: OKEECHOBEE, FL 34974	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: MURPHY, THOMAS Address: 13371 NE 18TH AVE City-St-Zip: OKEECHOBEE, FL 34972	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MURPHY   D   01/07/2006

| Electronic Signature of Signing Officer or Director | Date |