2006 FOR PROFIT CORPORATIONANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address

Feb 20, 2006 08:00 AN DOCUMENT # P01000047630 **Secretary of State** LESLIE P. ROSE REALTY, INC. Principal Place of Business Mailing Address 32 FERNDALE LANE 32 FERNDALE LANE PALM COAST, FL 32137 US PALM COAST, FL 32137 02182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3720445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ROSE, LESLIE P DO NOT WRITE 32 FERNDALE LN PALM COAST, FL 32137 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 ageo-Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROSE, LESLIE P NAME 32 FERNDALE LANE STREET ADDRESS PALM COAST, FL 32137 CITY-ST-7IP U00000442838 03/04/06-80035-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS

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

th all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED