


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 033 ***150.00

| | |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000059759 |  |
| 1. Entity Name REVELL REALTY, INC. | |

| | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 1709 A CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 | Mailing Address P.O. BOX 31 SOPCHOPPY FL 32328 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|



| | |
|-------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 2408 Sopchoppy Hwy | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

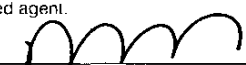
1st MOORE CR2E034 (10/05)

| | |
|-------------------------------------|-----------------------|
| City & State Sopchoppy FL | City & State |
| Zip 32358 | Country USA |

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3727445 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent REVELL, DEBORAH L 1147 WAKULLA ARRAN RD. CRAWFORDVILLE FL 32327 | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2108 Sopchoppy Hwy City Sopchoppy FL Zip Code 32358 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 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 | DATE 3-7-06 (NOTE: Registered Agent signature required when instituting) |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REVELL, DEBORAH L P.O. BOX 31 SOPCHOPPY FL 32358 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DEBORAH L. REVELL | Date 3-7-06 | Daytime Phone # 850 962-2212 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|