

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000037707 1. Entity Name TRACEY REAL ESTATE MANAGEMENT, INC.						FILED 05 NOV -9 PM 12: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1248 VISCAYA PKWY CAPE CORAL, FL 33990				Mailing Address 1248 VISCAYA PKWY CAPE CORAL, FL 33990			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TRACEY, DAVID 1248 VISCAYA PKWY CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name TRACEY, JUSTEN Street Address (P.O. Box Number is Not Acceptable) 212 SW 15th ST. City CAPE CORAL FL Zip Code 33991			
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:  DATE: 11/4/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
Amended AR is \$61.25				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 DP <input checked="" type="checkbox"/> Delete NAME TRACEY, DAVID STREET ADDRESS 1248 VISCAYA PKWY CITY-ST-ZIP CAPE CORAL, FL 33990				TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TRACEY, JUSTEN STREET ADDRESS 212 SW 15th St. CITY-ST-ZIP CAPE CORAL, FL 33991			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				11/2/05 239-574-4900 <small>Date Daytime Phone #</small>			