2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AM Secretary of State

AINTOAL ILLI OIL			Secretary of State		
DOCUMENT # P0200092198 1. Entity Name ACCESS E* REALTY, INC.					
RAL PLACE	Mailing Address 24 CATHEDRAL PLACE 612 ST AUGUSTINE, FL 32084	-			II. BERNA HAKKA KIDAR KREN IBREA DAKEES KI GARE
			### 04112006 No Chg-P CR2E034 (11/05) #### 4. FEI Number		
G, WILLIAM IST EGRET CT IVILLE, FL 32257			IN T	'HIS SP	ACE
Signsture, typed or printed reme of registered agent en					DATE
DP SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257 DVP RICHARDSON, KEITH	RECTORS			05/05/L NOT W	
	The E* REALTY, INC. The of Business RAL PLACE NE, FL 32084 ON ON OT WRITE 6. Name and Address of Current Research Re	E* REALTY, INC. Be of Business RAL PLACE CAL PLACE ALL PLACE NE, FL 32084 CONOT WRITE IN THIS SPA CONOT WRITE IN THIS SEA CONOT WRITE IN THIS SPA CONOT WRITE IN THIS SEA CONOT WRITE IN TH	E* REALTY, INC. We of Business RAL PLACE	E* REALTY, INC. The of Business Mailing Address AL PLACE 24 CATHEDRAL PLACE 612 ST AUGUSTINE, FL 32084 OUT WRITE IN THIS SPACE 04112006 4. FEI Number 81-0565 5. Certificate of St. Certificate of Current Registered Agent 3. WILLIAM ST EGRET CT IVILLE, FL 32257 IN T Signature, byeed or printed remains of registered agent and this is applicable. Proceedings of registered agent. Signature, byeed or printed remains of registered agent and this is applicable. Proceedings of registered Agent agent and this is applicable. Proceedings of registered Agent and remains a proprietable. Proceedings of registered Agent agent and this is applicable. Proceedings of registered Agent agent and this is applicable. Proceedings of registered Agent agent and this is applicable. Proceedings of registered Agent agent and this is applicable. Proceedings of registered Agent, or both biddings of registered Agent, or both biddings of registered Agent agent agent. Signature, byed or printed remains of registered agent, or both biddings of registered Agent. Agent structure resumed when restriction. Signature, byed or printed remains of registered agent and this is applicable. Proceedings of registered agent. Or both biddings of registered Agent. Proceedings of registered agent. Procedings of register	MENT # P02000092198 E' REALTY, INC. In of Business Making Address AL PLACE 24 CARNEDRAL PLACE 612 NE, FL 32034 DO NOT WRITE IN THIS SPACE A FEI Number 81-0569976 C. Certificate of Status Desired C. Mame and Address of Current Registered Agent C. Mame and Address of Current Registered Agent C. MILLIAM ST ECRET CT IVILLE, FL 32257 IN THIS SF Senamed entity submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Fictions of registered agent, or both, in the State of Fictions of registered agent and registered agent are a rise if applicable. POWILLIAM Sequence byed a protect name of registered agent and rise if applicable. POWILLIAM Sequence byed a protect name of registered agent and rise if applicable. POWILLIAM Sequence byed a protect name of registered agent and rise if applicable. POWILLIAM Sequence byed a protect name of registered agent and rise if applicable. POWILLIAM 10 - Election Campaign Financing Trust Fund Contribution. DF SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257 DVP SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257 DVP SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257 DVP SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257

12. I bereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furner 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 path; 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:

STREET ADDRESS
CITY-ST-ZIP

GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 Oute 904-817-847