## 2006 FOR PROFIT CORPORATION

## Jul 28, 2006 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P02000119822 1. Entity Name REEL EASY, INC. Principal Place of Business Mailing Address 9338 SE SHARON ST 9338 SE SHARON ST HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 No Chg-P CR2E034 (11/05) 07102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0137668 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PETERSON, JEFF 9338 SE SHARON ST HOBE SOUND, FL 33455 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 agent. **SIGNATURE** \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS U00000572648 TITLE 07/28/06-80008-013 150.00 PETERSON, JEFF NAME STREET ADDRESS 9338 SE SHARON ST CITY-ST-ZIP HOBE SOUND, FL 33455 TITLE MCDOW, JAMES NAME STREET ADDRESS 403 W RIVERSIDE DRIVE CITY-ST-ZIP TEQESTA, FL 33467 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**