2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P02000133513 Apr 20, 2006 08:00 Al Secretary of State 1. Entity Name COLEE PROPERTIES, INC. Principal Place of Business Mailing Address 3308 CEDAR GLEN WAY 3308 CEDAR GLEN WAY ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 No Chg-P CR2E034 (11/05) 04172006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4229341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEE, STERLING D DO NOT WRITE 3308 CEDAR GLEN WAY ST.AUGUSTINE, FL 32086 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 Signature, typed or printed name of registered agent and trife if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COLEE, LOUIS A JR. NAME STREET ADDRESS 531 KINGS ESTATE ROAD U00000520893 ST. AUGUSTINE, FL. 32086 CITY-ST-ZIP 05/02/06-80113-014 150.00 VΡ TITLE NAME COLEE, STERLING D STREET ADDRESS 3308 CEDAR GLEN WAY ST. AUGUSTINE, FL 33086 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

> STERLING D. COLEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

386-446-6314