2006 FOR PROFIT CORPORATION FIRST AMENDED ANNUAL REPORT

DOCUMENT # P03000061200 1. Entity Name WILLISTON FORGE REALTY, INC.								Xx.		JUL I		ji 3 : 28	
Principal Place of Business Mailing Address									SECT	Kii		: عرل را	
11 S W 1ST STREET 11 S W 1ST STREET WILLISTON, FL 32696 WILLISTON, FL 32696									1 ALL	4i /		,) }-	
2. Principal Pl	tace of Busin	ness	3. Ma	3. Mailing Address									
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.					Chg-P	,	CR2E	E034 (11/05)	
City & State				City & State				4. FEI Numb 74-309					oplied For ot Applicable
Zip	Country			Zip Count			5 Certificate of Status Desired X \$8.75 A					\$8.75 Add	ditional
6. Name and Address of Current Registered Agen						Name		7. Name and	Address of	New R	egistered	d Agent	
ZETTLER, ELIZABETH W 11 S W 1ST STREET						Street Address (P.O. Box Number is Not Acceptable)							
WILLISTO	N, FL 326	596	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				· · · · · · · · · · · · · · · · · · ·						
						City	FL Zip Code						
		y submits this statement t	for the purp	oose of changing its	register	ed office or re	gister	ed agent, or bo	th, in the Sta	te of Flo		-	and accept
the obligations of registered agent.													
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees					
10.	P	OFFICERS AND	D DIRECTO		11,		-	ADDITIONS D	CHANGES	TO OFFI	CERS AN	ND DIRECTOR	
FITLE NAME	PHILLIPS, DONNA C						r CH1	(15T)E,	JAMES	P		Change	Addition
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CITY-ST-ZIP TITLE				☐ Delete	CITY	r-ST-ZIP						☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (+ST-ZIP							
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: Divisibility Affler ELIZAMETH W ZETTLEN 6/2/06 352-528-2225 SAGNATURE AND TYPED OR PROTTED NAME OF BIGNING OFFICER OR DIRECTOR Date Despire Proce #													
SIGNATURE: Wallet Wille ELIZACETH W ZETTLEN 6/2/06 352-528-2225 SKONATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Director Director													

2006 FOR PROFIT CORPORATION

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WILLISTON FORGE REALTY, INC.								1.0				•	
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11.5 W 1ST S WILLISTON, F				I 1 S W 1ST STREET Villiston, FL 32696		181							
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2. Principal Pl	lace of Busin	ess	3.	Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07122006	Chg-P	CR28	E034 (11/05)		
City & State				City & State				4. FEI Number Applied 74-3095727 Not Applied					
Zip		Country	Zip	Cour	ntry		5. Certificate of Status Desired						
	6. Name	and Address of Curren	t Regis	stered Agent		7. Name and Address of New Registered Agent							
~= * =*	E. 13.0E	T 1114				Name							
ZETTLER, ELIZABETH W 11 S W 1ST STREET WILLISTON, FL 32696						Street Address (P.O. Box Number is Not Acceptable)							
						City FL Zip Code							
		y submits this statement f	or the p	purpose of changing its	register	ed office or re	gister	red agent, or bo	oth, in the State of			and accept	
the obligations of registered agent. StGNATURE													
	Signature, typed	or printed name of registered agen	t and title	if applicable. (NOT	E: Registere	ed Agent signature re	equired	when reinstating)		DATE	ŧ		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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: Elizabeth W Mile ELIZABETH W ZETTLER 6/9/01 352-528-2225 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Proper													
			(/										