2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

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DOCUMENT # P03000093729 1. Entity Name CONWAY REAL ESTATE REFERRALS, INC.					04-21-2006 90125 010 ***150.00				
Principal Place	a of Rusiness			1	LUUJ '	4401			
3708 SOUTH CONWAY ROAD ORLANDO, FL 32812		Mailing Address 3708 SOUTH CONWAY ROAD ORLANDO, FL 32812				(II GRIFR (G (RE 4011)	48818 PRPS 183	NR: II INO	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Number Applied For 20-0187296 Not Applicat				
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Aç	jent	
PFLEIDERER, JANE E 3708 SOUTH CONWAY ROAD ORLANDO, FL 32812				Name Street Address (P.O. Box Number is Not Acceptable)					
4	1 · · · · · · · · · · · · · · · · · · ·		City	у			FL	Zip Code	,
	e named entity submits this statement fi tions of registered agent:	or the purpose of changing its	registered offici	e or registe	red agent, or both	n, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE Signature. lyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
:	Signature, lyped or printed name of registered agen	and little if applicable. (NOTE	: Registered Agent se	Susfnie tedniter	d when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contr		\$5 □ Add	.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND I	DIRECTORS	N 11
TITLE	DR THE ST	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	PFLEIDERER, JANE E		NAME						
STREET ADDRESS	3206 CONWAY ROAD		STREET ADDRE						
CITY-ST-ZIP	ORLANDO, FL 32812	ORLANDO, FL 32812		SS					
TITLE NAME			CITY-ST-ZIP	SS					
STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRE					☐ Change	Addition i
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRE CITY-ST-ZIP				***		
CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE				***	☐ Change	Addition
CITY-SI-ZIP JITLL NAME			TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS			***		
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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.

CITY-ST-ZIP

SIGNATURE

CITY - ST - ZIP

Jane Pfleiderer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

407 9478141

Daytime Phone