

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097456

FILED  
May 23, 2006  
Secretary of State

Entity Name: SELLSTATE SUPREME REAL ESTATE, INC.

**Current Principal Place of Business:**

7431 COLLEGE PKWY.  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7431 COLLEGE PKWY.  
FT. MYERS, FL 33907

**New Mailing Address:**

P. O. BOX 61960  
FT. MYERS, FL 33906

FEI Number: 05-0584119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TOWNSEND, MICHAEL  
7431 COLLEGE PKWY.  
FT. MYERS, FL 33907      US

**Name and Address of New Registered Agent:**

TOWNSEND, MICHAEL  
1921 SE. 8TH AVE.  
CAPE CORAL, FL 33990      US

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.

SIGNATURE: MICHAEL TOWNSEND      05/23/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TOWNSEND, MICHAEL  
Address: P.O. BOX 61960  
City-St-Zip: FT. MYERS, FL 33906

Title: VPD ( ) Delete  
Name: TOWNSEND, ANTOINETTE  
Address: P.O. BOX 61960  
City-St-Zip: FT. MYERS, FL 33906

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TOWNSEND      PSTD      05/23/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date