


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90412 025 ***150.00

DOCUMENT # P04000034830	
1. Entity Name ALL FLORIDA PROPERTY TRUST, INC.	

Principal Place of Business 10616 S. US ROUTE 1 PORT ST. LUCIE, FL 34952	Mailing Address 10616 S. US ROUTE 1 PORT ST. LUCIE, FL 34952
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2. Principal Place of Business 1103 Snively Avenue	3. Mailing Address P O Box 9227
Suite, Apt. #, etc.	Suite, Apt. #, etc.

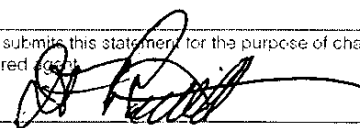
City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33880	Country USA
Zip 33883-9227	Country USA



03302006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1215958		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REICHART, JOSEPH F 10616 S US HWY 1 PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name REICHART, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 1103 Snively Avenue City Winter Haven FL Zip Code 33880

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  **Joseph F. Reichart, President** **4/18/06** DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME REICHART, JOSEPH F	<input type="checkbox"/> Delete	NAME PVTSD REICHART, JOSEPH F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10616 S. US ROUTE 1		STREET ADDRESS 1103 SNIVELY AVENUE	
CITY & STATE PORT ST. LUCIE, FL 34952		CITY & STATE WINTER HAVEN, FL 33880	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

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 exemptions.

SIGNATURE:  **4/18/06 772-215-3202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR