-2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AM **Secretary of State DOCUMENT # P04000057661** MONTGOMERY WESLEY PROPERTY GROUP, INC. Principal Place of Business Mailing Address 2731 64 AVE SOUTH 2731 64 AVE SOUTH SAINT PETERSBURG, FL 33712 SAINT PETERSBURG, FL 33712 04252006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0863577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCCLOUD, THELMA M. DO NOT WRITE 2844 SKIMMER POINT DRIVE SOUTH GULFPORT, FL 33707-3942 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 title if applicable INOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS RILE MCCLOUD, THELMA M NAME STREET AODRESS 2844 SKIMMER POINT DRIVE SOUTH GULFPORT, FL 337073942 CITY-ST-ZIP THE U0U000543688 05/11/06-80003-020 150.00 NAME STREET ADDRESS City-ST-IN MAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-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 trustre empowered tolexecute 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 orderess, with all other like empowered.

SIGNATURE:

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

NAME OF SIGNING OFFICER OR OFFICTOR

FILED