

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90235 001 ***150.00

60034050



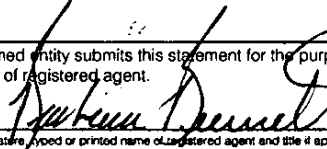
04072006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000075161	
1. Entity Name SAFE HARBOR REAL ESTATE SALES, INC.	

Principal Place of Business 233 N COLLIER BLVD MARCO ISLAND, FL 34145	Mailing Address 233 N COLLIER BLVD MARCO ISLAND, FL 34145
-----------------------------------------------------------------------------	-----------------------------------------------------------------

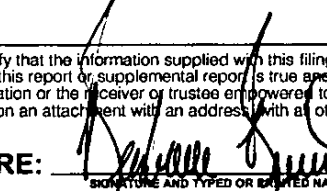
2. Principal Place of Business 601 Elkcam Circle	3. Mailing Address 601 Elkcam Circle
Suite, Apt. #, etc. B-16	Suite, Apt. #, etc. B-16
City & State Marco Island, FL	City & State Marco Island, FL
Zip 34145	Country Collier

6. Name and Address of Current Registered Agent BENNETT, BARBARA 233 N COLLIER BLVD MARCO ISLAND, FL 34145	
7. Name and Address of New Registered Agent Name Bennett, Barbara Street Address (P.O. Box Number is Not Acceptable) 601 Elkcam Circle, B-16 City Marco Island FL Zip Code 34145	

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  <small>Signature typed or printed name of registered agent and title if applicable</small>	Barbara Bennett 4-15-06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

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
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, BARBARA 233 N COLLIER BLVD MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennet Barbara 601 Elkcam Circle, B-16 Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another name empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Barbara Bennett Dir. 4-15-06 239 260 3813 <small>Date Daytime Phone #</small>