2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2006 08:00 AM Secretary of State **DOCUMENT # P04000087566** 1. Entity Name KALCOUNOS REALTY, INC. Principal Place of Business Mailing Address 1 OLD KINGS ROAD, S. 10 LAKE PLACID PL PALM COAST, FL 32137 PALM COAST, FL 32137 No Chg-P 01042006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3123118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVY, BENJAMIN DO NOT WRITE 25 PINE CONE DR STE 2A PALM COAST, FL 32164 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KALCOUNOS, ANDY NAME STREET ADDRESS 10 LAKE PLACID PL PALM COAST, FL 32137 CITY-ST-ZIP · f f. was come for the time of the TITLE NAME U00000379308 01/10/06-80018-005 150.00 STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 empowered

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

A) TO A ALONIO STICER ON DIRECTOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1-4-06

386-586-824/ Davime Phone #

FILED