2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113124

1. Entity Name
REAL ESTATE SHOW PLACE, INC

Principal Place of Business	Mailing Address
1817 LAUREL OAK DR VALRICO, FL 33594 US	1817 LAUREL OAK DR VALRICO, FL 33594 US

DO NOT WRITE IN THIS SPACE

03312006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1744590	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

EDWARDS, SCOTT M
1817 LAUREL OAK DR
VALRICO, FL 33594

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	EDWARDS, SCOTT M
STREET ADDRESS	1817 LAUREL OAK DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	CARAPELLA, ALBERT J
STREET ADDRESS	2713 BUCKHORN OAKS DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80010-017 150.00

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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: _Scott M Edwards_   4/10/2006   813-681-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #