

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146398

Entity Name: GIRAFFE REALTY INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

4601 E. HWY 100 (MOODY BLVD.)
E 4
BUNNELL, FL 32110

Current Mailing Address:

P.O.BOX 354488
PALM COAST, FL 32135

New Principal Place of Business:

4601 E. HWY 100 (MOODY BLVD.)
E 4
BUNNELL, FL 32110 US

New Mailing Address:

P.O.BOX 354488
PALM COAST, FL 32135 US

FEI Number: 34-2039020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIORE, GERALDINE J
P.O.BOX 354488
PALM COAST, FL 32135 US

Name and Address of New Registered Agent:

FIORE, GERALDINE J
26 ROLLAND LANE
PALM COAST, FL 32164 US

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.

SIGNATURE: GERALDINE J FIORE

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIORE, GERALDINE J
Address: 26 ROLLAND LANE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: FIORE, GERALDINE J
Address: 26 ROLLAND LANE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: FIORE, GERALDINE J
Address: 26 ROLLAND LANE
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: FIORE, GERALDINE J
Address: 26 ROLLAND LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE J FIORE

P

08/31/2005

Electronic Signature of Signing Officer or Director

Date