

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168789

Entity Name: AVALON 1031, INCORPORATED

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

621 CAPE CORAL PARKWAY EAST
SUITE 19
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

621 CAPE CORAL PARKWAY EAST
SUITE 19
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEY, PATRICK ESQ.
1633 SE 47TH TERR
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COYNE, LINDA S
Address: 621 CAPE CORAL PARKWAY EAST, SUITE 19
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: PETITHOMME, YVES
Address: 621 CAPE CORAL PARKWAY EAST, SUITE 19
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDA S COYNE

DIR

04/16/2005

Electronic Signature of Signing Officer or Director

_____ Date