

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004052

Entity Name: FOUNDATION REALTY, INC.

FILED
Mar 01, 2006
Secretary of State

Current Principal Place of Business:

181 OXFORD RD
SUITE 101
FERN PARK, FL 32730 US

Current Mailing Address:

181 OXFORD RD
SUITE 101
FERN PARK, FL 32730 US

New Principal Place of Business:

1015 STATE ROAD 436
SUITE 213
CASSELBERRY, FL 327075757 US

New Mailing Address:

1015 STATE ROAD 436
SUITE 213
CASSELBERRY, FL 327075757 US

FEI Number: 20-2129671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZKAMP, F. W. IV
181 OXFORD RD
SUITE 101
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

HOLZKAMP, F. W. IV
1015 STATE ROAD 436
SUITE 213
CASSELBERRY, FL 327075757 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:

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLZKAMP, F. W. IV
Address: 181 OXFORD RD SUITE 101
City-St-Zip: FERN PARK, FL 32730 US

Title: D () Delete
Name: THOMPSON, L. C.
Address: 181 OXFORD RD SUITE 101
City-St-Zip: FERN PARK, FL 32730 US

Title: D () Delete
Name: HENRIQUEZ, MILAGROS
Address: 181 OXFORD RD SUITE 101
City-St-Zip: FERN PARK, FL 32730 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLZKAMP, F. W. IV
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 327075757 US

Title: D (X) Change () Addition
Name: THOMPSON, L. C.
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 327075757 US

Title: D (X) Change () Addition
Name: HENRIQUEZ, M.
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 327075757 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: F. W. HOLZKAMP IV

D

03/01/2006

Electronic Signature of Signing Officer or Director

Date