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Jun 15, 2006 8:00 am
Secretary of State

05-08-2006 90290 017 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063948

1. Entity Name
REALTY CONNECTION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24367 JACKSONVILLE, FL 32241	P.O. BOX 24367 JACKSONVILLE, FL 32241

66013000

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
15118 Bulow Creek Dr	15118 Bulow Creek Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32258 Country: USA	Zip: 32258 Country: USA

4. FEI Number: 76-0790634 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name: Jacqueline Lee
Street Address (P.O. Box Number is Not Acceptable): 15118 Bulow Creek Dr
City: Jacksonville FL Zip Code: 32258

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JACQUELINE 3530 SW RACQUET CLUB WAY PALM CITY, FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Jacqueline 15118 Bulow Creek Dr Jacksonville, FL 32258	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Jacqueline Lee 4/26/06 (904)886-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #