

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90024 033 \*\*\*150.00

<b>DOCUMENT # P05000086104</b> 1. Entity Name <b>AMERICA'S 1ST REALTY, INC</b>					
Principal Place of Business <b>3291 LUGUSTRUM DR. HERNANDO BEACH, FL 34607</b>			Mailing Address <b>3291 LUGUSTRUM DR. HERNANDO BEACH, FL 34607</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SUTTER, WILLIAM L 3291 LUGUSTRUM DR HERNANDO BEACH, FL 34607</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>1-07-06</u> <small>Signature, type or print name (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SUTTER, WILLIAM L		NAME	SUTTER, SHARON	
STREET ADDRESS	3291 LUGUSTRUM DR.		STREET ADDRESS	3291 LUGUSTRUM DR.	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE	<input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	KHUTSON, DONALD	
STREET ADDRESS			STREET ADDRESS	3241 ELK LANE	
CITY-ST-ZIP			CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	<input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SUTTER, SHARON	
STREET ADDRESS			STREET ADDRESS	3291 LUGUSTRUM DR.	
CITY-ST-ZIP			CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 \_\_\_\_\_

William L Sutter PRESIDENT JANUARY 7, 2006