


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 003 \*\*\*150.00

**DOCUMENT # P05000089724**

1. Entity Name  
 MAXCY DEVELOPMENT GROUP REALTY, INC.



Principal Place of Business      Mailing Address  
 33 E. WALL STREET      33 E. WALL STREET  
 FROSTPROOF, FL 33843      FROSTPROOF, FL 33843


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #. etc.      Suite, Apt. #. etc.

City & State      City & State

Zip      Country      Zip      Country

**50018998**



02072006      Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**ROBBINS, JR., R. JAMES**  
 101 E. KENNEDY BLVD., SUITE 3700  
 FLORIDA, FL 33602

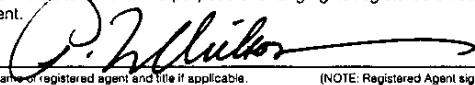
7. Name and Address of New Registered Agent

Name  
**P.T. Wilson**

Street Address (P.O. Box Number is Not Acceptable)  
**33 East Wall Street**

City      State      Zip Code  
**Frostproof      FL      33843**

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: **28 April 06**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAKLEY, JOHN C</b> <b>33 E. WALL STREET</b> <b>FROSTPROOF, FL 33843</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Harry Lerner</b> <b>3434 Colwell Ave. Suite 120</b> <b>Tampa, Fl 33614</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>F. Hood Craddock</b> <b>223 Lake Link Road</b> <b>Winter Have, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:       DATE: **4-26-06**      DAYTIME PHONE #: **813.635.4804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #