## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000098554

Name:

Address: City-St-Zip: MAROSE, LEE

TAMPA, FL 33609 US

3314 HENDERSON BLVD SUITE 102

FILED Aug 25, 2006 Secretary of State

Entity Nan	ne: TRUE E	BLUE REA	ALTY, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
BARBARA 717 N D ST LAKE WOF		.60 US	3					
Current M	ailing Addre	ess:		New Maili	New Mailing Address:			
BARBARA 717 N D ST LAKE WOF		.60 US	8					
FEI Number:	20-3867513	FEI Nu	umber Applied For()	FEI Number Not Appl	icable ( )	Certificate o	f Status Desired ( )	
Name and	Current	Registered Agent:	Name and	Name and Address of New Registered Agent:				
	REET RTH, FL 334			urnoso of obanging i	e rogistor	rod office or rodic	stored agent or both	
in the State		Submits	this statement for the p	urpose of changing i	s register	ed office of regis	stered agent, or both,	
SIGNATUR								
Election Can	e with s. 607.1	193(2)(b), F ng Trust F	ature of Registered Age  S.S., the corporation did not und Contribution ( ).	receive the prior notic		Dat GES TO OFFICE	e ERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( LILLEY, BARI 717 N D STRI LAKE WORTI	EET	80 US	Title: Name: Address: City-St-Zip:		()Change()A	addition	
Title: Name: Address: City-St-Zip:	VP ( ROBINS, GEO 723 CONNES WEST PALM	TEE ROAD		Title: Name: Address: City-St-Zip:	723 CONN	(X) Change ( ) A GEORGE L NESTEE ROAD LM BEACH, FL 334		
Title:	CEO (	) Delete		Title:	VP	(X) Change ( ) A	Addition	

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.

Name:

Address:

City-St-Zip:

RENATE, LILLEY 717 N D STREET

LAKE WORTH, FL 33460 US

SIGNATURE: BARBARA LILLEY Ρ 08/25/2006