

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2006  
Secretary of State**

DOCUMENT# P05000099347

Entity Name: SWING PROPERTIES INC

**Current Principal Place of Business:**

555 N RIDGE AVE  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 533  
LAKE ALFRED, FL 33850

**New Mailing Address:**

FEI Number: 20-3151732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWING, DANIEL D  
555 N RIDGE AVE  
LAKE ALFRED, FL 33850      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SWING, DANIEL D  
Address: 555 N RIDGE AVE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: V ( ) Delete  
Name: SWING, ANGELINE I  
Address: 555 N RIDGE AVE  
City-St-Zip: LAKE ALFRED, FL 33850

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL D. SWING

P

03/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date