


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90180 045 \*\*\*150.00

<b>DOCUMENT # P05000117909</b> 1. Entry Name <b>UPSCALE RESALE OF N.W. FLORIDA, INC.</b>																																																																																									
Principal Place of Business <b>816 AIRPORT RD. DESTIN, FL 32541 US</b>			Mailing Address <b>816 AIRPORT RD. DESTIN, FL 32541 US</b>																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		4. FEI Number <b>20-3429937</b>																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																																																																																							
6. Name and Address of Current Registered Agent <b>SMITH, RENEE M 816 AIRPORT RD. DESTIN, FL 32541</b>																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																																									
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>																																																																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <b>DIRECTOR</b> <b>4/28/06</b> <b>850-650-9898</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																									

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