2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P92000014002

Entity Name: LINDA WATSON REALTY, INC.

Current Principal Place of Business:

106 BENNING DRIVE
SUITE 7
DESTIN, FL 32541

New Principal Place of Business:

778 SCENIC GULF DRIVE
SUITE 1
DESTIN, FL 32550

Current Mailing Address:

106 BENNING DRIVE
SUITE 7
DESTIN, FL 32541

New Mailing Address:

P. O. BOX 6699
DESTIN, FL 32550

FEI Number: 59-2566849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, ABRAHAM G
106 BENNING DR.
SUITE 7
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WATSON, ABRAHAM G
778 SCENIC GULF DRIVE
SUITE 1
DESTIN, FL 32550 US

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: 01/19/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WATSON, LINDA D
Address: 106 BENNING DR., SUITE 7
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: WATSON, ABRAHAM C
Address: 106 BEANING DR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WATSON, LINDA D
Address: 778 SCENIC GULF DRIVE, SUITE 1
City-St-Zip: DESTIN, FL 32550

Title: D (X) Change ( ) Addition
Name: WATSON, ABRAHAM C
Address: 778 SCENIC GULF DRIVE, SUITE 1
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABRAHAM G. WATSON D 01/19/2005
Electronic Signature of Signing Officer or Director — Date