2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

05 JUN 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006301

1. Entity Name
MIDNIGHT COVE REALTY, INC.

05042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6302 MIDNIGHT COVE ROAD SARASOTA, FL 34242	6302 MIDNIGHT COVE ROAD SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMS, DONALD H 6302 MIDNIGHT PASS ROAD SARASOTA, FL 34242-2368	Name: HOLLY CLEMMER Street Address (P.O. Box Number is Not Acceptable): 6302 MIDNIGHT COVE ROAD City: SARASOTA FL Zip Code: 34242

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: X Holly Clemmer MAY 11, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BURNS, MARK 14625 SOUTH GOLF RD. ORLAND PARK, IL 60462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800056627648 06/28/05--01051--012 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENSON, GEORGE 42 COLLVER RD ROCKY RIVER, OH 44116 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAMS, DONALD H 2205 FLOYD ST. SARASOTA, FL 34239	☒ Delete	TITLE S / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition HOLLY CLEMMER 6302 MIDNIGHT COVE RD. SARASOTA, FL 34242 Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition OWEN STIEGELMEIER 818 MONTECELLO CT. Vice. President VENICE, FL 34292 Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Holly Clemmer MAY 11, 2005 941-349-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #