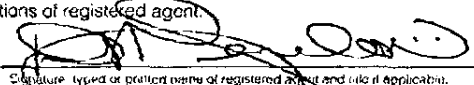


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ck# 3265

3/8/06 FILED

Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000010774 1. Entity Name DEANA MCLENDON REAL ESTATE, INC.					
Principal Place of Business 25310 W NEWBERRY ROAD NEWBERRY FL 32669 US			Mailing Address P O BOX 708 NEWBERRY FL 32669 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3168533 ☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLENDON, DEANA W 230 SW 250TH STREET NEWBERRY FL 32669				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reconstituting) March 7, 2006 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD ☐ Delete		TITLE	☐ Change ☐ Add	
NAME	MCLENDON, DEANA		NAME		
STREET ADDRESS	PO BOX 708 NA		STREET ADDRESS		
CITY- ST- ZIP	NEWBERRY FL		CITY- ST- ZIP	11111111465245 09/22/06- 80029-005 150.00	
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Deana McLendon Real Estate, Inc.** 3/7/06 (352) 472-70