


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000088512</b>	
<b>1. Entity Name</b> THE DOWNEY FAMILY CORPORATION	

<b>Principal Place of Business</b> 3201 CARDINAL DR VERO BCH, FL 32963 US	<b>Mailing Address</b> PO BOX 3040 VERO BCH, FL 32964 US
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01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FES Number</b> 65-0456675	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

STEWART, WILLIAM J  
3355 OCEAN DRIVE  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

**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 re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1000000387546  
01/19/06-80043-011 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	DOWNEY, GREGOR S
<b>STREET ADDRESS</b>	PO BOX 3040 N/A
<b>CITY-ST-ZIP</b>	VERO BCH, FL 32964

<b>TITLE</b>	DVP
<b>NAME</b>	DOWNEY JR, DANIEL G
<b>STREET ADDRESS</b>	PO BOX 3040 N/A
<b>CITY-ST-ZIP</b>	VERO BCH, FL 32964

<b>TITLE</b>	D
<b>NAME</b>	DOWNEY, FREDERICK F
<b>STREET ADDRESS</b>	PO BOX 3040 N/A
<b>CITY-ST-ZIP</b>	VERO BCH, FL 32964

<b>TITLE</b>	D
<b>NAME</b>	DOWNEY, BRYAN R
<b>STREET ADDRESS</b>	P.O. BOX 3040
<b>CITY-ST-ZIP</b>	VERO BEACH, FL 32964

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

722 231-5252

Date

Daytime Phone #