2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS

FILED **ANNUAL REPORT** Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P94000017929 1. Entity Name IBIS LAKE REALTY, INC. Principal Place of Business Mailing Address 17775 P.C.B. PARKWAY 17775 P.C.B. PARKWAY PANAMA CITY, FL 32413 US PANAMA CITY, FL 32413 US 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3228812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLUE, ROB JR DO NOT WRITE 221 MCKENZIE AVE PANAMA CITY, FL 34202 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent stansture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE U00000521350 05/02/06-80131-022 150.00 NAME WISELOGEL, KARL JR STREET ADDRESS 16205 E LULLWATER DR CITY-ST-ZIP PANAMA CITY, FL * 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-71P TITLE NAME

12. I hereby certify that the information supplied with this filling 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: Karl Wullen		4-18-06	850 230 - 893
SIGNATURE AND TYPED OR PRINTED N	AME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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