2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P95000027702 CONDO PUBLICATIONS OF FLORIDA INC. Principal Place of Business Mailing Address 363 PUTNAM AVENUE **363 PUTNAM AVENUE** ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3302547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLEE, BRENDA L DO NOT WRITE 363 PUTNAM AVENUE ORMOND BEACH, FL. 32174 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 site if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000527752 05/05/06-80008-021.150,00 FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIFFECTORS TITLE NAME KLEE, BRENDA L 363 PUTNAM AVENUE STREET ADORESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME JONES, ANNA L 363 PUTNAM AVENUE STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE 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 eath; 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:

NAME STREET ADDRESS CITY - ST-ZIP MILE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-677-3731