2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2006 08:00 AM Secretary of State DOCUMENT # P95000034116 1. Entity Name LONGPOINT CONDO RENTALS, INC. Principal Place of Business Malfing Address 5802 BAYFRONT DR. 5802 BAYFRONT DR. PANAMA CITY, FL 32404 US PANAMA CITY, FL 32404 US 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3332196 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRYANT, ROWLETT W DO NOT WRITE 833 HARRISON AVENUE PANAMA CITY, FL 32401 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 (NDTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10 TITLE MOORE, MELANIE NAME STREET ADDRESS 5802 BAYFRONT DR PANAMA CITY, FL 32404 CITY-ST-ZIP THILE *000000502630* NAME 34/25/06-80111-010 150.00 STREET ADDRESS CiTY-ST-209 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 7171 F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED