2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # P95000092243 Jan 20, 2006 08:00 AN 1. Entity Name **Secretary of State** EFM PLAZA, INC. Principal Place of Business Mailing Address 2505 NORTH AIRPORT ROAD 2505 NORTH AIRPORT ROAD FORT MYERS, FL 33907 FORT MYERS, FL 33907 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-6193716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAY, CARLTON W DO NOT WRITE 2505 NORTH AIRPORT ROAD FORT MYERS, FL 33907 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 reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. गा। ≖ **PVST** RAY, CARLTON W NAME STREET ADDRESS 2505 NORTH AIRPORT ROAD FORT MYERS, FL 33907 CITY-ST-ZIP U00000393659 01/25/05-80030-025 150.00 RAY, CARLTON W KAME STREET ADDRESS 2505 NORTH AIRPORT ROAD CITY-ST-ZIP FORT MYERS, FL 33907 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRTY-ST-ZIP TIME NAME

12. I hereby certify that the information supplied with his 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 trusted 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS