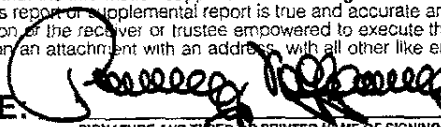


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2006 08:00 A
Secretary of State

DOCUMENT # P95000092371 1. Entity Name T & R ROYAL FLORIDA TOURISTIC & RESIDENCE MANAGEMENT, INC.					
Principal Place of Business 909 ROOSEVELT AVE. LEHIGH ACRES FL 33972 US			Mailing Address P. O. BOX 1555 LEHIGH ACRES FL 33970-1555 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0629935	
5. Certificate of Status Desired ☐		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REISINGER, MONIKA 909 ROOSEVELT AVENUE LEHIGH ACRES FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typewritten or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS REISINGER, ANDREAS 1067 BAYTREE CT LEHIGH ACRES FL 33936		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000407906 02/08/06-80038-011 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REISINGER, WOLFGANG 909 ROOSEVELT AVENUE LEHIGH ACRES FL 33972		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REISINGER, MONIKA 909 ROOSEVELT AVENUE LEHIGH ACRES FL 33972		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			WOLFGANG REISINGER VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/28/06 (239) 369 61 61		