2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

Feb 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P95000097151 1. Entity Name LACEY REALTY, INC. Mailing Address Principal Place of Business 1124 PEPPERTREE LANE **6006 MIDNIGHT PASS ROAD** SARASOTA, FL 34242 SARASOTA, FL 34242 US CR2E034 (11/05) 01312006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0636056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LACEY, DONALD J DO NOT WRITE 1124 PEPPERTREE LANE SARASOTA, FL 34242 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) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LACEY, DONALD J NAME 1124 PEPPERTREE LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE H00000441478 LACEY, ARLENE A. MANTE 03/03/06-80037-815 150.00 STREET ADDRESS 1124 PEPPERTREE LN C(1Y-S7-Z(P SARASOTA, FL 34242 VS TITLE LACEY, DAWN MARIE NAME STREET ADDRESS 1124 PEPPERTREE LN DO NOT WRITE CITY-ST-ZIP SARASOTA, FL TITLE vr IN THIS SPACE NAME LACEY, JEFFREY P STREET ADDRESS 7447 DICKENS DR CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP HELE NAME

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 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 hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OR DIRECTOR

FILED