## ' 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 20, 2006 08:00 AM DOCUMENT # P96000030912 **Secretary of State** PEGGY RECORDS REAL ESTATE, INC. Principal Place of Business Mailing Address 123 PARKWOOD DRIVE POBOX 1464 NICEVILLE, FL 32578 NICEVILLE, FL 32588-1464 US 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3372881 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RECORDS, PEGGY ! DO NOT WRITE 123 PARKWOOD DRIVE NICEVILLE, FL 32578 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. U00000392360 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 01/24/06-80076-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPVP TITLE NAME PEGGY I, RECORDS 123 PARKWOOD DRIVE STREET ADDRESS CITY - ST - ZIP NICEVILLE, FL 32578 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 opporation 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 chapter 0 or an attachment with address with at Object like empowered.

SIGNATURE:

STREET ADDRESS
CITY - ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST-ZIP
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CITY - ST-ZIP
TITLE
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STREET ADDRESS
CITY - ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pracy I. RELDEBS //13/06 850-678

FILED