2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 27, 2006 08:00 AN DOCUMENT # P96000043847 1. Entity Name **Secretary of State** CALHOON PROPERTIES. INC. Mailing Address Principal Place of Business 10204 SILVERADO CIRCLE 10204 SILVERADO CIRCLE BRADENTON, FL 34202 BRADENTON, FL 34202 US 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0677346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALHOON, RONALD J DO NOT WRITE 10204 SILVERADO CIRCLE BRADENTON, FL 34202 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 little if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 U00000105272 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/07/06-80035-002 150.00 10. OFFICERS AND DIRECTORS DD 707LECALHOON, RONALD J NAME STREET ADDRESS 10204 SILVERADO CIRCLE CITY-ST-ZIP BRADENTON, FL 34202 VSTD TITLE NAME CALHOON, JOYCE H STREET ADDRESS 10204 SILVERADO CIRCLE CITY-ST-ZIP BRADENTON, FL 34202 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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

SIGNATURE:

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

STREET ADDRESS

941-360-8575

Davrime Phone #