2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P96000058730 LAKEWOOD REAL ESTATE, INC. Principal Place of Business Mailing Address 5005 TURNPIKE FEEDER RD. 5005 TURNPIKE FEEDER RD. FORT PIERCE, FL 34951 FORT PIERCE, FL 34951 CR2E034 (11/05) 03022006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0680786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AMERILAWYER CHARTERED 343 ALMERIA AVENUE IN THIS SPACE CORAL GABLES, FL 33134 5. 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 DATE INOTE: Registered Agent a greature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be U000000530748 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/06/06-80011-005 350.00 OFFICERS AND DIRECTORS 10. PSTD TITLE GALLO, PAULETTE MAME STREET ADDRESS 5005 TURNPIKE FEEDER RD FORT PIERCE, FL 34951 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR