2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083805 1. Enlity Name



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

O'BRIEN REALTY, INC.

Mailing Address

2166 W. HWY. 30 A

SUITE B

SANTA ROSA BEACH, FL 32459

BLUE MTN BEACH, FL 32459

P.O. BOX 2115 SANTA ROSA BEACH, FL 32459



DO NOT WRITE IN THIS SPACE

03032006 CR2E034 (11/05) No Chg-P

Applied For

4. FEI Number 59-3410734

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

O'BRIEN, EDWARD JOHN 303 BLUE LAKE RD

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title fi	I applicable (MITE Reclistered	Agent Stoneture	a required when reinsteting)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be	
10.	OFFICERS AND DIREC	TORS {		· · · · · · · · · · · · · · · · · · ·	e ^t :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST O'BRIEN, EDWARD JOHN 303 BLUE LAKE ROAD SANTA ROSA BEACH, FL 32459				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000460372 03/20/06-80007-014 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CSTY-ST-ZIP					
HILL			6		

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

850-267-9444