2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2006 08:00 AM DOCUMENT # P97000067903 **Secretary of State** 1. Entity Name VIRTUAL FLORIDA REALTY, INC. Principal Place of Business Mailing Address 2804 DEL PRADO BLVD 2804 DEL PRADO BLVD 103 103 CORAL CORAL, FL 33904 CORAL CORAL, FL 33904 US 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0773065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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. (NOTE: Registered Agent signstate required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000471921 03/23/06-80018-003 150.00 Trust Fund Contribution. Added to Fees 1D. OFFICERS AND DIRECTORS TITLE PSTD LUSSIER, IZABELLA NAME STREET ADDRESS 666 ASTARIAS CIR FORT MYERS, FL 33919 CITY-ST-77P ITILE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STITEET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further carrity that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal attact as it made under path; that I am an efficer 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP me MAM STREET ADDRESS CITY-ST-ZIP ITTE NAME STREET ADDRESS. CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Izabella Lussier 3/13/66

FILED