.2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000033014

1. Entity Name
N. AVE REAL ESTATE INC.

50009588

Principal Place of Business	Mailing Address
2419 E. MALL DR FORT MYERS, FL 33901	2419 E. MALL DR FORT MYERS, FL 33901

02202006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	**3.** Mailing Address *3345 FOWLER ST*	
Suite, Apt. #, etc.	Suite. Apt. #. etc.	
City & State	City & State *FT. MYERS FL*	**4.** FEI Number 65-0832524 — Applied For / Not Applicable
Zip	Country	Zip *33901* — Country *U.S.A.*	**5.** Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MCLEOD, RODERICK 2415 EAST MALL DR FORT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) *3345 FOWLER ST* City *FT. MYERS* FL Zip Code *33901*

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME AVE, NORMA STREET ADDRESS 1393 CLEARVISTA DR CITY-ST-ZIP LAFAYETTE, IN 47905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition

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: X *Norma N. Ave*   *4-3-2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #