2006 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other

SIGNATURE:

Feb 23, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P98000088177** 02-23-2006 90013 030 ***150.00 FUSSELL REALTY, INC. Mailing Address Principal Place of Business 2 E. OAK STREET. 2 E. OAK STREET ARCADIA, FL 34266 ARCADIA, FL. 34266 工事的行动。 海流 化聚亚甲 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01212006 Cha-P Applied For City & State City & State 4. FEI Number 59-3535771 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNDELL, GARY -Street Address (P.O. Box Number is Not Acceptable) 202 W. OAK STREET, STE 301 ARCADIA, FL 34266 Zip Code 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 SM EL SINA OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D K Change Addition Delete TITLE FUSSELL, LYNN B NAME NAME 3394 SE Brown Road 2922 N.E. ROAN ROAD STREET ADDRESS STREET ADDRESS Arcadia, FL 34266 ARCADIA, FL 34266 CITY-ST-7P CITY-ST-7IP Change TITLE ☐ Delete TITLE ■ Addition NAME FUSSELL, LEOTA K NAME 2922 NE ROAN ROAD STREET ADORESS 3394 SE Brown Road STREET ADDRESS CITY-ST-7IP ARCADIA, FL 34266 CITY-ST-ZIP Arcadia, FL 34266 TITLE Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

Lynn B Fussell, Pres

01/20/06

863-494-3511

Daytime Phone #

FILED