


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 004 ***150.00

DOCUMENT # P99000016915		
1. Entity Name IMMANUEL REALTY, INC.		

Principal Place of Business 14007 N. DALE MABRY HIGHWAY TAMPA, FL 33624	Mailing Address 14007 N. DALE MABRY HIGHWAY TAMPA, FL 33624
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2. Principal Place of Business 3050 S. Dale Mabry	3. Mailing Address 3050 S. Dale Mabry
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL 33629	City & State Tampa, FL
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Zip 33629	Country USA	Zip 33629	Country USA
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8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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LOYD, DOUGLAS 15802 AMBERY DIR. TAMPA, FL 33647		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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9. The above named entity admits 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE LOYD, DOUGLAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOYD, DOUGLAS		NAME	
STREET ADDRESS 14007 N. DALE MABRY HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33618		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 4/18/05	Daytime Phone # 813-832-5400
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