2007 FOR PROFIT CORPORATION

Jan 11, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P99000101138 01-11-2007 90056 044 ***150.00 1. Entity Name INDIGO REALTY, INC. Principal Place of Business Mailing Address 143 HARBOR DR 143 HARBOR DR TAVERNIER, FL 33070 TAVERNIER, FL 33070 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3685157 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BYATT, SHELAGH 143 HARBOR DR TAVERNIER, FL 33070 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS FITLE BYATT, SHELAGH M NAME 143 HARBOR DR STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

> 14 Small BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIREC

SHELAGH

863-280-5464

FILED