2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 27, 2006 08:00 AM DOCUMENT # P99000108471 **Secretary of State** PICKLES PROPERTIES COMPANY Principal Place of Business Mailing Address 1508 S.E. 17TH PLACE 1508 S.E. 17TH PLACE CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0976170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAY, JEFFREY DO NOT WRITE 1508 S.E. 17TH PLACE CAPE CORAL, FL 33990 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** HAY, KAREN NAME 1508 S.E. 17TH PLACE STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP U00000403415 02/06/06-80006-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP W.E STREET ADDRESS DO NOT WRITE CITY-ST-78P TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

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

> Karen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

-23-06