## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

. Karalali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # S09803 03-27-2006 90262 003 \*\*\*150.00 1. Entity Name NAUTILUS REALTY, INC. Principal Place of Business Mailing Address dana. 4623 NW 53AVE 4623 NW 53AVE GAINESVILLE, FL 32606 STILLE E-GAINESVILLE, FL 32606 2. Principal Place of Business 3. Mailing Address 4623 NW 53 Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Gaines ville 59-3041612 Not Applicable 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 KARAHALIES, MICHELE-RENEE **4623 NW 53 AVENUE** Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32606 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KARAHALIOS, EFSTATHIOS NAME NAME STREET ADDRESS 4623 NW 53RD AVF STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KARAHALIOS, MICHELE, R NAME NAME STREET ADDRESS 4623 NW 53RD AVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TELLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED