
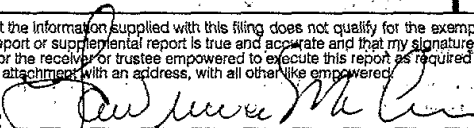


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S22995			
1. Entity Name NEIGHBORHOOD REALTY & DEVELOPMENT CORPORATION			
Principal Place of Business 2912 NE 24TH AVE. OCALA, FL 34479 US		Mailing Address 2912 NE 24TH AVE OCALA, FL 34479 US	
DO NOT WRITE IN THIS SPACE			
		03202006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2334347		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCUE, LAWRENCE 2912 N.E. 24TH AVENUE OCALA, FL 34479		DO NOT WRITE 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: _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 04/06/06-80041-022 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCUE, LAWRENCE 2912 N.E. 24TH AVE. OCALA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCUE, VICTORIA N. 2912 N.E. 24TH AVE. OCALA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/22/06 352-629-0273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	