2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2006 08:00 AM DOCUMENT # S29544 Secretary of State 1. Entity Name FLORAL REALTY, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1752 POST OFFICE BOX 1752 BARTOW, FL 33830 BARTOW, FL 33830 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3051965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NELSON, NELL** DO NOT WRITE 1510 NORTH BROADWAY BARTOW, FL 33830 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, Ivoed or grinted name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U000000381537 Trust Fund Contribution. Added to Fees 01/11/06-80054-023 150.00 OFFICERS AND DIRECTORS 10, TITLE NAME NELSON, NELL STREET ADDRESS 1510 NORTH BROADWAY BARTOW, FL CITY-ST-XIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP IIILE

12. Thereby 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.

NAME STREET ADDRESS CiTY-ST-ZiP

President