2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 193121

1. Entity Name

UNITED REALTY PROPERTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

685 OLD TREE LINE TRIAL DELAND, FL 32724 US **685 OLD TREE LINE TRAIL** DELAND, FL 32724 US

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90110 042 ***150.00

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01132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0773906

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6." Name and Address of Current Registered Agent.

HOWE, RONALD 685 OLD TREE LINE TRAIL DELAND, FL 32724

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			LANDET				
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	and the same	d Access promotes a	non-street under an annual annual	,,	DATE	
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	437		712452		r.13/186
TITLE	PD						
NAME	HOWE, RONALD H			1992 AND 1994			
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CITY-ST-ZIP	DELAND FL.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
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NAME	HOWE, PAULA J						
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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.							