2006 FOR PROFIT CORPORATION

Jun 02, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #553409** 06-02-2006 90005 004 ***150.00 1. Entity Name THE FLYNN COMPANY REALTY, INC. Principal Place of Business Mailing Address 4621 HOLLYWOOD BLVD 4621 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1848379 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLYNN, FRANCIS Street Address (P.O. Box Number is Not Acceptable) 4621 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition ☐ Delete FLYNN, FRANCIS NAME NAME STREET ADDRESS 4621 HOLLYWOOD BLVD STREET ADDRESS CITY+ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delets TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

NTED NAME OF SIGNING OFFICER OR DI

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PR

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

President 4-26-06 959-98



ATTACHMENT Division of Corporations /

Annual Report

Annual Report Help

Document Number 553409

Business Entity Name
THE FLYNN COMPANY REALTY, INC.

FEI Number

FEI Number Status

Listed Above

591848379

Applied For

Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

4621 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country 33021

Mailing Address

Address

4621 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country 33021

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

FLYNN, FRANCIS

Address (PO Box is not acceptable) 4621 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country

33021

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business



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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

PST Title Name (Last. First, Middle, Title) - OR -Entity Name to serve as FLYNN, FRANCIS Officer/Director 4621 HOLLYWOOD BLVD Street Address **HOLLYWOOD** , FL City, State Zip Code & Country Title Name (Last, First, Middle, Title) - OR -Entity Name to serve as Officer/Director Street Address City, State

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Zip Code & Country

Street Address

City, State

Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06. Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

4/26/2006