
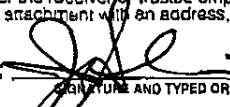


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 014 \*\*\*150.00

<b>DOCUMENT # 825982</b>			
1. Entity Name <b>INTEREALTY CORP.</b>			
Principal Place of Business <b>1951 KIDWELL DRIVE VIENNA, VA 22182 US</b>		Mailing Address <b>1951 KIDWELL DRIVE VIENNA, VA 22182 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>84-0577265</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent Signature required when reappointing)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRCH, PAUL 120 TURNPIKE ROAD SOUTHBOROUGH, MA 017722104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Snider, Jeffrey 120 Turnpike Road Southborough, MA 01772-2104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GITAJN, ARTHUR 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN L3R 9T8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Angaru, Hema 11 Allstate Parkway Markham, Ontario, CN L3R 9T8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOMBA, KATHRYN A S 120 TURNPIKE ROAD SOUTHBOROUGH, MA 017722104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V de Winter, Donna 11 Allstate Parkway Markham, Ontario, CN L3R 9T8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRENT, JOHN 66 PERIMETER CENTER EAST ATLANTA, GA 30346	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Myskiw, Michael 11 Allstate Parkway Markham, Ontario, CN L3R 9T8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEIN, RUTH 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN L3R 9T8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Forgione, Anna 11 Allstate Parkway Markham, Ontario, CN L3R 9T8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WILLIAM G 11 ALLSTATE PARKWAY MARKHAM, ONTARIO, CN L3R 9T8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		MICHAEL MYSKIW	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: April 28/04	
		Days and Phone # 404-239-272	