2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90122 043 ***150.00

DOCUMENT # G89117

1. Entity Name
EXECUTECH REALTY CORP.

Principal Place of Business	Mailing Address
235 S. MAITLAND AVE #111 MAITLAND, FL 32750 US	P O BOX 941569 MAITLAND, FL 32794-1569 US

02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
7226 W. COLONIAL DR			
Suite, Apt. #, etc. # 373		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State	
Zip 32818	Country USA	Zip	Country

4. FEI Number 59-2393806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDES, ELZA 235 S. MAITLAND AVE. #111 MAITLAND, FL 32750	Name ELZA MENDES Street Address (P.O. Box Number is Not Acceptable) 7226 W. COLONIAL DRIVE # 373 City ORLANDO FL Zip Code 32818

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] 3/11/06
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	MENDES, ELZA		NAME	ELZA MENDES	
STREET ADDRESS	235 S. MAITLAND AVE. #111		STREET ADDRESS	7226 W. COLONIAL DRIVE, # 373	
CITY-ST-ZIP	MAITLAND, FL 32750		CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	ANDRISISZYN, KATHRYN		NAME	KATHRYN ANDRISISZYN	
STREET ADDRESS	235 S. MAITLAND AVE. #111		STREET ADDRESS	7226 W. COLONIAL DRIVE, # 373	
CITY-ST-ZIP	MAITLAND, FL 32750		CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] ELZA MENDES 3/11/06 407-532-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #