

**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                        |  |                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # H10941</b><br>1. Entity Name<br><b>PELOSI REAL ESTATE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                       |  | <b>Jan 20, 2006 08:00 AM</b><br><b>Secretary of State</b>                                       |  |
| Principal Place of Business<br><b>WELLINGTON SCHOOL<br/>5175 45TH ST N<br/>SAINT PETERSBURG, FL 33714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address<br><b>WELLINGTON SCHOOL<br/>5175 45TH ST N<br/>SAINT PETERSBURG, FL 33714</b>                          |  |              |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                        |  | 01032006 No Chg-P CR2ED34 (11/05)                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                        |  | 4. FID Number<br><b>59-2440898</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                        |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>BARAYBAR, SUSAN<br/>5175 45TH STREET N<br/>SAINT PETERSBURG, FL 33714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                        |  | <b>DO NOT WRITE IN THIS SPACE</b>                                                               |  |
| 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 _____<br><small>Signature must be produced if applicable change is made. Applicable if not. Registered Agent must sign and return to www.sos.state.fl.us</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  | DATE _____                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  | <b>DO NOT WRITE IN THIS SPACE</b><br><br>1000007391552<br>01/24/06-80046-014 150.00             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | PSD<br>PELOSI, ANDREW<br>5175 45TH ST N<br>SAINT PETERSBURG, FL 33714                                                  |  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TO<br>PELOSI, LORRAINE M<br>5175 45TH ST N<br>SAINT PETERSBURG, FL 33714                                               |  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                        |  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                        |  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                        |  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 I 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 the empowered. |  |                                                                                                                        |  |                                                                                                 |  |
| SIGNATURE: <u>Susan Baraybar</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                        |  | 01-18-06                                                                                        |  |