


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000030005

1. Entity Name
KINGS POINT REALTY CORP.



Principal Place of Business 421 SAXONY WAY DELRAY BEACH, FL 33446	Mailing Address 421 SAXONY WAY DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3617985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KORMAN, MURRAY
 421 SAXONY WAY
 DELRAY BEACH, FL 33446**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORMAN, MURRAY 421 SAXONY WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, SUSAN 9749B BOCA GARDENS PKWY. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KORMAN, ELAINE 421 SAXONY WAY DELRAY BEACH, FL 33446
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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:  **MURRAY KORMAN, PRES.** 4/6/06 561-271-3855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #