2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P03000007869 AMERICAN REALTY TEAM, INC. Principal Place of Business Mailing Address 12150 CAPTAIN'S LANDING 12150 CAPTAIN'S LANDING NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 03082006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3262226 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, JOHN II DO NOT WRITE 1645 PALM BEACH LAKES BLVD. **SUITE 1200** IN THIS SPACE WEST PALM BEACH, FL 33401 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 willt, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE NAKE CURRY, JOHN M STREET ADDRESS 12150 CAPTAIN'S LANDING CITY-ST-ZIP NORTH PALM BEACH, FL 33408 UU0000536416 05/08/06-80091-020 150.00 TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath, 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND T OR PRINTED NAME OF SIGNING OFFICER

Daytime Phone #

FILED