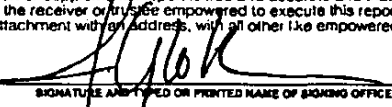


FILED
Mar 02, 2006 8:00 am
Secretary of State

01-23-2006 90110 041 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

1/

DOCUMENT # P05000093832			
1. Entity Name FLORIDA PREMIER REAL ESTATE, INC.			
Principal Place of Business 2275 S. FEDERAL HIGHWAY SUITE 314 DELRAY BEACH, FL 33483		Mailing Address 2275 S. FEDERAL HIGHWAY SUITE 314 DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #270	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIGHLEY, ADAM S 1255 W ATLANTIC BLVD. SUITE 314 POMPANO BEACH, FL 33069			
7. Name and Address of New Registered Agent 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) 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			
TITLE	P	☐ Delete	
NAME	MUELLER, JAMES		
STREET ADDRESS	2275 S. FEDERAL HWY., STE. 340		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	D	☐ Delete	
NAME	GLOBERMAN, JONATHAN		
STREET ADDRESS	937 KOKOMO KEY LANE		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Officer	☐ Change ☒ Addition	
NAME	Mueller, Ryan		
STREET ADDRESS	4444 Frances Drive		
CITY-ST-ZIP	Delray Beach, FL 33445-3221		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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: 		1/10/06 541-214-9476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	