2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000021622 02-24-2006 90004 040 ***150.00 FLORIDA CAPITAL REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 300 INTERNATIONAL PKWY. 300 INTERNATIONAL PKWY. **SUITE 130 SUITE 130** HEATHROW, FL 32746 HEATHROW, FL 32746 US 2. Principal Place of Business 3. Mailing Address 300 International Pkwv 300 International Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For Heathrow, FL Heathrow, FL 59-3381828 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 32746 USA 32746 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selby, C. Thomas SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 300 INTERNATIONAL PKWY. **SUITE 130** HEATHROW, FL 32746 City Heathrew 8. The above named entity submits this statement for the purgose of changing its registered office official agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Ag Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE PD Change Addition NAME SELBY, C. THOMAS NAME Selby, C. Thomas STREET ADDRESS 300 INTERNATIONAL PKWY., SUITE 130 STREET ADDRESS 300 International Pkwy Suite 300 Heathrow, FL. 32746 VD CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition CHRISTY, KATHERINE A Christy, Katherine A NAME NAME STREET ADDRESS 300 INTERNATIONAL PKWY. STREET ADDRESS 300 International Pkwy Suite 300 CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP Heathrow, FL. 32746 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 stall 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 exercise this report as regarded 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED

Feb 24, 2006 8:00 am