

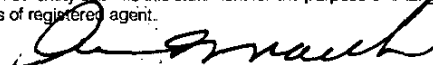



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 044 ***150.00

DOCUMENT # P98000098776 1. Entity Name NAM REAL ESTATE CORP.		
Principal Place of Business 200 S BISCAYNE BLVD SUITE 1880 MIAMI, FL 33131		Mailing Address 200 S BISCAYNE BLVD SUITE 1880 MIAMI, FL 33131
2. Principal Place of Business 6301 N. OCEAN BLVD. Suite, Apt. #, etc.	3. Mailing Address 6301 N. Ocean Blvd. Suite, Apt. #, etc.	
City & State Ocean Ridge, FL	City & State Ocean Ridge, FL	4. FEI Number 65-0903023
Zip 33435	Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M ESQ. 200 S BISCAYNE BLVD #1880 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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:  DATE:		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	NAME GOLDSTEIN, DAVID M ESQ.	TITLE NAME
STREET ADDRESS 200 S BISCAYNE BLVD STE 1880	CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP
TITLE D	NAME MAILNIK, ALVIN I	TITLE NAME
STREET ADDRESS 6301 N. OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL 33435	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	TITLE 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: 		Date: 3-2-06 (561) 793-3333