2006 FOR PROFIT CORPORATION

FILED ate

| ANNUAL REPORT | | | • | | 8, 2006 08:00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------|--------------------------------------|
| DOCUMENT # V19166 1. Entity Name TREMONT REALTY, INC. Principal Place of Business Ma | ailing Address | | | S | ecretary of Sta |
| | 12 UNION AVENUE Lizabeth, nj. 07208 - US | | | | 10 100 170 100 100 100 170 170 170 1 |
| DO NOT WRITE IN THIS SPACE | | 07192006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PIMPAO, RONALD 2300 W. SAMPLE ROAD SUITE 200 POMPANO BEACH, FL 33078 | | | IN 7 | NOT WE | ACE |
| 8. The above named entity submits this statement for the pithe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title. | | _ | | th, in the State of Floric | ta. I am familiar with, and accept |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finar Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECT | CTORS | | | <u> </u> | |
| NAME PIMPAO, EDMUND SIREET ADDRESS 612 UNION AVE CITY-ST-ZIP ELIZABETH, NJ 07208 | | | | U000005 07/28/06-8 | 72716 0010-015 150.00 |
| NAME STREET ADDRESS CITY-SI-ZIP DIMPAO, RONALD 1139 E JERSEY ST, SUITE 318 ELIZABETH, NJ 07201 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WI | RITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | IN ' | THIS SP | ACE |
| NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | | | | | |

12. Thereby 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: _

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00

Daytime Phone #