## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 08:00 AM DOCUMENT # V35105 **Secretary of State** 1. Entity Name DYNASTY REALTY OF BREVARD, INC. Principal Place of Business Mailing Address 1600 SARNO RD 1600 SARNO RD SUITE 119-1 MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. If, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3125962 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, HENRY M Street Address (P.O. Box Number is Not Acceptable) 1600 SARNO RD STE 119-I MELBOURNE FL 32935 Zip Code City FL 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, typest or posted name of registered agent and life if applicable (A'QTE Registered Agent signature mouved when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete TUTLE TITLE Change Addylica NAME ALLEN, HENRY M NAME STREET ADORESS 1600 SARNO RD STE 119-I STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 EITY-ST-ZIP Delete ☐ Change TITLE 7)718 Addition U00000463699 1946 NAME 03/21/06-80085-025 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CATY-SY-789 Change IIRE Delete Addition NAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C)TY-S7-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-78 ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STITEET ADDRESS CITY-ST-ZIP DITY-ST-702 TILE Delete 135LE ☐ Change ☐ Addition NAME MAME STREET NUMBESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am an officer or director of the corporation of the repeiver 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.

HENRY M. Allen) Drus

ment with an address, with all other like empowered.

if changed, or on an attact

SIGNATURE:

**FILED** 

321-254-1115