

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 049 ***150.00

DOCUMENT # P00000000393
 1. Entity Name
EXCLUSIVELY YOURS REALTY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10767 QUEEN PALM COURT
 Suite, Apt. #, etc.

3. Mailing Address
10767 QUEEN PALM COURT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL City & State BOCA RATON, FL 4. FEI Number 65-0971113 Applied For Not Applicable

Zip 33498 Country Country Zip 33498 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name MARTIN LITT
 Street Address (P.O. Box Number is Not Acceptable)
10767 QUEEN PALM COURT
 City BOCA RATON FL Zip Code 33498

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.
 SIGNATURE [Signature] DATE 4/19/02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D. LITT, MARTIN 10767 QUEEN PALM COURT BOCA RATON, FL 33498</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)