5

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 15 PM 2:51

DOCUMENT # P02000092490

1. Entity Name
HOUSE TO GO REALTY INC.

66429748

Principal Place of Business	Mailing Address
4806 BRIGHTMOUR CIR. ORLANDO, FL 32837	4806 BRIGHTMOUR CIR. ORLANDO, FL 32837

06082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7751 Kingspointe Pkwy	7751 Kings pointe Pkwy
Suite, Apt. #, etc.: # 105	Suite, Apt. #, etc.: 105
City & State: ORLANDO Fl	City & State: ORLANDO Fl
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

4. FEI Number 00-0000000 83-0358579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IMANI, SHIRIN
4806 BRIGHTMOUR CIR.
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: FARIBORZ M. FARD
Street Address (P.O. Box Number Is Not Acceptable): 7751 Kings pointe Pkwy. SUIT # 105
City: ORLANDO FL Zip Code: 32837

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: [signature] DATE: 6-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing 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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARIBORZ, M. FARD 4806 BRIGHTMOUR CIR. ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6/18/04 90004 046 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 6-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/15