## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 280514**

1. Entity Name
ALAN & LEE REALTY CORP

FILED
Jan 20, 2006 08:00 AM
Secretary of State

Principal Place of Business

7597 CINEBAR DR BOCA RATON, FL 33433 US Mailing Address

7597 CINEBAR DR

BOCA RATON, FL 33433 US

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1061651

01062006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name | and a | Address | of | Current | Reg | istered | Agent |
|----|------|-------|---------|----|---------|-----|---------|-------|
|    |      |       |         |    |         |     |         |       |
|    |      |       |         |    |         |     |         |       |

KESSLER, BERNARD J. ESQ 6109 BALBOA CIRCLE STE 103 BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

| 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  Sprange, typed or printed name of Tegyleted agent and title 6 applicable.  Signature, typed or printed name of Tegyleted agent and title 6 applicable.  SNOTE Registered Agent applications.  DATE  |   |  |               |   |  |  |  |  |  |
|---|---|--|---------------|---|--|--|--|--|--|
|   | E NOW!!! FEE IS \$150.00<br>ny 1, 2006 Fee will be \$330.00                 | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May 8e | 27/2                                      |  |  |  |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |               |   |  |  |  |  |  |
| TITLE KAME STREET ADDRESS CITY-ST-ZIP   | VPTS<br>KESSLER, BERNARD J<br>6109 BALBOA CIR # 103<br>BOCA RATON, FL 33433 |  |               | <del></del>                               |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PDST<br>MITCHEL, TAMARA<br>7597 CINEBAR DR<br>BOCA RATON, FL 33433          |  | •             | UDD000392586<br>01/24/06-80088-014 150.00 |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MITCHEL, ALAN<br>6839 MERCER WAY<br>MERCER ISLAND, WA 98040           |  | DO NOT WRITE  |   |  |  |  |  |  |
| title<br>Name<br>Street address<br>City-St-Zip  | AS<br>STOLLMAN, LAUREN<br>3885 KINGS WAY<br>BOCA RATON, FL 33434            |  | IN .          | THIS SPACE                                |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP  |   |  |               |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |               |   |  |  |  |  |  |
| 12. I hereby certify that the information supplied with this filling 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. |   |  |               |   |  |  |  |  |  |