2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 Al Secretary of State **DOCUMENT #361433** 1. Entity Name KAPÚS REALTY INC Principal Place of Business Mailing Address 442 MAGNOLIA AVE 442 MAGNOLIA AVE #11 #11 MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 CR2E034 (11/05) 04272006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1162583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINNEY, PHILLILP W. DO NOT WRITE 436 MAGNOLIA AVENUE MERRITT ISLAND, FL 32952 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable //000000551323 05/13/06-80094-013 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE कुर १८८८ मुख्युद्ध स्कूर्युद्ध हुन्दिक<mark>्त्रीतिक स्व</mark>ित्तिक क्षिप्तिक क्षिप्तिक स्वित्तिक स्वतिक स NAME FINNEY, WALLACE L STREET ADDRESS 451 A MAGNOLIA AVE CITY-ST-ZIP MERRITT ISLAND, FL TITLE FINNEY, PHILLIP W. NAME The state of the s STREET ADDRESS 436 MAGNOLIA AVENUE MERRITT ISLAND, FL CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 withten address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

427/2006

321-432-9406

Daytime Phone #

FILED