2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # 482475** 1. Entity Name FIRST REALTY ADVISORS, INC. Mailing Address Principal Place of Business 125 A EAST MARKS ST. 125 A EAST MARKS ST. ORLANDO, FL 32803 ORLANDO, FL 32803-3816 US No Chg-P CR2E034 (11/05) 04212006 DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-1613468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BOSSERMAN, RICHARD E. 125 A EAST MARKS ST. ORLANDO, FL 32808 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of redistered agent and title if emplicable. (NOTE, Registered Apent signature required when reinstating) \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ME NAME BOSSERMAN, RICHARD E. 1701 SPRING LAKE DR STREET ADDRESS U00000525498 ORLANDO FL., CITY-ST-ZIP 05/04/06-80036-016 150.00 meBOSSERMAN, NANCY H. NAME 1701 SPRING LAKE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME 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 path; 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:

MARKE STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

RICHARI E BASSOMAN Tres. ap

FILED