2006 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

Mar 30, 2006 8:00 am -**Secretary of State DOCUMENT # 590912** 1. Entity Name 03-30-2006 90016 047 ***150.00 BOCA NATIONAL REALTY, INC. Principal Place of Business 499 E. PALMETTO PARK RD., STE. 200A 499 E. PALMETTO PARK RD., STE. 200A **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address P.O. BOX 150 S.W. 1st MOORE CR2E034 (10/05) BOCA RATON City & State 4. FEI Number Applied For 59-2434909 BOCA RATON, Not Applicable Country C.S.A \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JENSEN, ALDEN L. JENSEN, ALDEN L. Street Address (P.O. Box Number is Not Acceptable) 499 E. PALMETTO PARK RD., STE. 200A **BOCA RATON FL 33432** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PST TITLE TITLE ☐ Delete PST FENSEN, ALDEN L. 50 SW GAVE. BOCH RATON, TL 33486 Change Addition NAME JENSEN, ALDEN NAME STREET ADDRESS STREET ADDRESS 499 E. PALMETTO PARK RD., STE. 200A CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition -- Colota PDC IIL NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CiTY-ST-7IP ☐ Addition ☐ Change FITLE ☐ Defete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition IIILE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

March 30, 9,006