2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #610020

NATIONAL REALTY INVESTMENT GROUP, INC.



FILED Mar 29, 2006 08:00 AM **Secretary of State**

Principal Place of Business

97300 OVERSEAS HWY.

KEY LARGO, FL 33037

SUITE 1

Malling Address

97300 OVERSEAS HWY.

SUITE 1

KEY LARGO, FL 33037



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02032006 No Chg-P

4. FEI Number 65-0236812

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCONNELL, PETER J 97300 OVERSEAS HWY #1 KEY LARGO, FL 33037

DO NOT WRITE

				IN	I NIS 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstailing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ping 🔲	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P BLATE, BONNIE J 97300 OVERSEAS HWY #1 KEY LARGO, FL 33037	CTORS			
HILE NAME STREET AUDITESS CITY-SI-DP	VST O'CONNELL, PETER J 97300 OVERSEAS HWY #1 KEY LARGO, FL 33037				U0000048376S 04/12/06-80012-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TIPLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 eath; that if am an officer or diffector 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR