2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 667694 May 01, 2006 08:00 AN Secretary of State 1. Entity Name GOOD SERVICE REALTY, INC. Principal Place of Business Mailing Address 1085 SE 17TH STREET CAUSEWAY C/O INGEBORG LEATHERBURY 1085 SE 17TH STREET CAUSEWAY C/O INGEBORG LEATHERBURY FT, LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-2265760 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEATHERBURY, INGEBORG Street Address (P.O. Box Number is Not Acceptable) 1085 SE 17TH STREET CAUSEWAY FT. LAUDERDALE FL 33316 Zip Code City 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, lyped or printed name of registered agent and title it applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addilin. TITLE PD Delete NAME LEATHERBURY, INGEBORG NAME U00000552270 1085 SE 17TH STREET CSWY STREET ADDRESS STREET ADDRESS 05/15/06-80004-018 150.00 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Defete TITLE TITLE ☐ Change Adom NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete HILF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete THLE ☐ Change Addin. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

signature: Mayon and Lath Laboury NGEBORG LEATHER BURY 4 24 06 76-3300 Day one Prome #

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