


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 697184
 1. Entity Name
CARTIER REALTY, INC.



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|---|---|
| Principal Place of Business 4201 WESTGATE AVENUE UNIT B-1 WEST PALM BEACH, FL 33409 US | Mailing Address 4201 WESTGATE AVENUE UNIT B-1 WEST PALM BEACH, FL 33409 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2103630 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARTIER, PETE
 4500 BELVEDERE ROAD
 WEST PALM BEACH, FL 33406

DO NOT WRITE 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 the if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


U00000526392
 05/04/06-80071-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CARTIER, PETE 4500 BELVEDERE RD WEST PALM BCH, FL 00000, |
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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 with an address, with all other like empowered

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/06**

Osborne Fkcid #