

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90161 018 \*\*\*150.00

<b>DOCUMENT # 830483</b> 1. Entity Name <b>NARCO REALTY INC</b>					
Principal Place of Business <b>4415 FIFTH AVENUE</b> <b>PITTSBURGH, PA 15213 US</b>			Mailing Address <b>4415 FIFTH AVENUE</b> <b>PITTSBURGH, PA 15213 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NUNES, RONALD M.</b> <b>7501 S. CYPRESSHEAD DRIVE</b> <b>PARKLAND, FL 33067</b>			Name <b>James Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 3rd Ave West</b> <b>Suite 600</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34205</b>		
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.) <b>James R. Allen</b>		DATE <b>4-22-05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALSINGER, WILLIAM</b>		NAME		
STREET ADDRESS	<b>4415 FIFTH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA 15213</b>		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONNOR, DIANE G</b>		NAME		
STREET ADDRESS	<b>4415 FIFTH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA 15213</b>		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASON, MARTIN</b>		NAME		
STREET ADDRESS	<b>4415 FIFTH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA 15213</b>		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KREUTZER, KAREN</b>		NAME		
STREET ADDRESS	<b>4415 FIFTH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA 15213</b>		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BELLINO, KATHLEEN</b>		NAME		
STREET ADDRESS	<b>4415 FIFTH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PITTSBURGH, PA</b>		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALLEN, JAMES R</b>		NAME		
STREET ADDRESS	<b>1001 3RD AVE., W SUITE 410</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <b>Kathleen Bellino</b>		Date <b>4/19/05</b> Daytime Phone # <b>412-578-7828</b>	