


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90555 018 ***150.00

DOCUMENT # F00000000714 1. Entity Name EREALTY, INC.			
Principal Place of Business 1800 BERING, SUITE 251 HOUSTON, TX 77057		Mailing Address 1800 BERING, SUITE 251 HOUSTON, TX 77057	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 213 Washington St. Suite, Apt. #, etc. 8th Floor - TAX City & State Newark, NJ Zip 07102	
Country		Country	
4. FEI Number 76-0577519		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CAPPER, RUSSELL 1800 BERING #251 HOUSTON, TX 77057	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV AMANTE, STEPHEN 1800 BERING #251 HOUSTON, TX 77057	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTOV CHARUK, JAMES 1800 BERING #251 HOUSTON, TX 77057	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KARRIS, NICK 1800 BERING #251 HOUSTON, TX 77057	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSS, TAMMY 6624 MONTAUK DRIVE HOUSTON, TX 77084	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Raymond Gronowski 3335 Michelson Drive Irvine CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO CLARK, BEN 1800 BERING DR STE 251 HOUSTON, TX 77057	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Controller Robert Santori 213 Washington St Newark, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/12/05 Daytime Phone # _____	

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