2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001742

Title:

Name:

Address:

City-St-Zip:

Entity Name: NORTH COUNTY REAL ESTATE, INC.

(X) Delete

2386 FARADUY ST STE 130

CARLSBAD, CA 92008

LEVIN, ANDY

FILED Jan 28, 2005 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
220	INO VIDA ROBL D, CA 92008	.E				
Current Mailing Address:			New Mailir	ng Address:		
220	INO VIDA ROBL D, CA 92008	.E				
FEI Number:	33-0620904	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status	Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity su of Florida.	ubmits this statement for the pur	pose of changing it	s registered office or registered a	gent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent	i	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO (X) I TIERNEY, BRIAN 2386 FARADAY / CARLSBAD, CA	AVE., SUITE 130	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () E KNOTT, DALE 2386 FARADAY A CARLSBAD, CA		Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition KNOTT, DALE 1947 CAMINO VIDA ROBLE SUITE 220 CARLSBAD, CA 92008	0	
Title: Name: Address: City-St-Zip:	S () [MATTHEWS, CU 2386 FARADAY S CARLSBAD, CA	ST STE 130	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition MATTHEWS, CURTIS 1947 CAMINO VIDA ROBLE SUITE 220 CARLSBAD, CA 92008	0	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DALE KNOTT PRES 01/28/2005

() Change () Addition