


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 003 ***150.00

DOCUMENT # F05000005962	
1. Entity Name CHRISTIE'S GREATR ESTATES, INC.	

Principal Place of Business 140 PALM WAY PALM BEACH, FL 33480	Mailing Address 140 PALM WAY PALM BEACH, FL 33480
---	---

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0227972	Applied For <input type="checkbox"/> 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**

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP COUGHLIN, KAY 20 ROCKEFELLER PLAZA 125 LINCOLN AVE, Suite 300 NEW YORK, NY 10020 SANTA Fe, NM 87501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VV COUGHLIN, MICHAEL 20 ROCKEFELLER PLAZA 125 LINCOLN AVE, 300 NEW YORK, NY 10020 SANTA Fe, NM 87501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHESWORTH, JANE 20 ROCKEFELLER PLAZA 8 KING STREET NEW YORK, NY 10020 LONDON SW16QT UK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GOODMAN, DAVE 20 ROCKEFELLER PLAZA NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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: Michael Coughlin MICHAEL COUGHLIN 1/12/06 983 8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #