2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2005 08:00 AM DOCUMENT # G22825 **Secretary of State** 1. Entity Name KRUPA REALTY, INC. Principal Place of Business Mailing Address 11252 MARRAGANSETT BAY CT WELLINGTON FL 33414 11252 MARRAGANSETT BAY CT WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-2332658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUPA, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 11252 NARRAGANSETT BAY CT WELLINGTON FL 33414 City Zip Code 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 egent and title if applicable (NOTE: Registered Agent a ghature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP INTE TITLE Change ☐ Delete ☐ Addition U000000227406 NAME KRUPA, ROBERT W NAME 02/12/05-80053-017 158.75 11252 NARRAGANSETT BAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition Tritte NAME NAME STREET ADDRESS STREET ACORESS CITY - ST - ZIP CITY-ST-ZIP TITLE Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP

12. Thereby 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

ROBERT W KRUPA Feb 8, 2005 561-792-7223

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED