


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G23889</b> 1. Entity Name <b>SCHICKEDANZ REALTY, INC.</b>	
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Principal Place of Business <b>7741 N. MILITARY TRAIL SUITE 1 PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>7741 N. MILITARY TRAIL SUITE 1 PALM BEACH GARDENS, FL 33410 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2448167</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHICKENDANZ, GERHARD H  
7741 N. MILITARY TRAIL  
SUITE 1  
PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

**000000522785  
05/03/06-80046-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FLAIG, GUNTHER 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHICKEDANZ, GERHARD H 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTAS APPELGATE, THOMAS A 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: \_\_\_\_\_

**Gerhard H. Schickedanz**  
Schickedanz Realty, Inc, President

MANAGING OFFICER OR DIRECTOR

**4/12/06**  
Date

**561-845-8757**  
Daytime Phone