


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G65295</b> 1. Entity Name <b>NADINE HOUSE REALTY, INC.</b>	
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Principal Place of Business 171 EL PUEBLO WAY PALM BEACH, FL 33480	Mailing Address 171 EL PUEBLO WAY PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2388974</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOUSE, NADINE 171 EL PUEBLO WAY PALM BEACH, FL 33480	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORLEY, SCOTT 364 S. COUNTRY CLUB DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY, CHRISTINA 364 S. COUNTRY CLUB DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY, MARK 14008 SOUTH 31ST ST PHOENIX, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HOUSE, NADINE 171 EL PUEBLO WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 08/20/04-80003-024 150.00

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: <u>Christina Worley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/16/04 <small>Date</small>	561-686-9609 <small>Daytime Phone #</small>
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