2005 FOR PROFIT CORPORATION FILED ANNUAL REPORT Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # J13520 1. Entity Name DEWITT REALTY, INC. Principal Place of Business Mailing Address 1220 NE 48 STREET 1220 NE 48 STREET POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 CR2E034 (10/03) 03042005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FE! Number 59-2697238 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEWITT, RICHARD 1220 NE 48TH ST DO NOT WRITE POMPANO BEACH, FL 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			Trust Fund Cont
10.		OFFICERS AND DIREC	CTORS
TITLE	PD		,

ign Financing \$5.00 May Be ibution. Added to Fees

DEWITT, RICHARD NAME STREET ADDRESS 1220 NE 48 ST CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME DEWITT, RICHARD STREET ADDRESS 1220 NE 48 ST CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000252730 03/07/05-20006-022 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 truetee 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 appeares, with all either like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF