2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K18847

Entity Name: SATO REALTY, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 S PINE ISLAND RD SUITE 1008 8569 PINES BOULEVARD PLANTATION, FL 33324

SUITE 209

PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

8569 PINES BOULEVARD 950 S PINE ISLAND RD SUITE 1008

SUITE 209 PLANTATION, FL 33324

PEMBROKE PINES, FL 33024 US

FEI Number: 65-0051409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SATO, LUCY HADDOCK SATO, LUCY HADDOCK 6100 HOLLYWOOD BLVD 8569 PINES BOULEVARD

HOLLYWOOD, FL 33024 US SUITE 209

PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: 04/21/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete SATO, LUCY HADDOCK, SATO, LUCY HADDOCK, Name: Name:

950 S PINE ISLAND RD SUITE 1008 8569 PINES BOULEVARD SUITE 209 Address: Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PEMBROKE PINES, FL 33024

Title: Title: (X) Change () Addition () Delete

SATO, LUCY HADDOCK. Name: Name: SATO, LUCY HADDOCK. 950 S PINE ISLAND RD SUITE 1008 Address: 8569 PINES BOULEVARD Address:

City-St-Zip: PLANTATION, FL 33324 PEMBROKE PINES, FL 33024 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY H SATO **PST** 04/21/2006