

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # K23167

1. Entity Name

FLORIDA REAL ESTATE MARKETING, INC.



**FILED
Mar 06, 2006 8:00 am
Secretary of State**

03-06-2006 90032 028 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 2401 NE 45TH ST LIGHTHOUSE POINT FL 33064		Mailing Address 2401 NE 45TH ST LIGHTHOUSE POINT FL 33064	
2. Principal Place of Business <i>2401 N.E. 45th ST.</i> Suite, Apt. #, etc.		3. Mailing Address <i>2401 N.E. 45th ST.</i> Suite, Apt. #, etc.	
City & State <i>LIGHTHOUSE POINT, FL.</i>		City & State <i>LIGHTHOUSE POINT, FL.</i>	
Zip <i>33064</i>	Country <i>UNITED STATES</i>	Zip <i>33064</i>	Country <i>UNITED STATES</i>
6. Name and Address of Current Registered Agent JAHNKE, HERBERT C., SR 2401 NE 45TH ST LIGHTHOUSE POINT FL 33064			

4. FEI Number **65-0052111** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name *CURRENT AGENT*
Street Address (P.O. Box Number is Not Acceptable)

SAME

City *SAME* Zip Code **FL**

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.

NO CHANGE

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAHNKE, EVELYN 2401 NE 45TH ST LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Evelyn Jahnke (EVELYN JAHNKE) FEB 22 2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-781-6829

Daytime Phone #