## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K47376

Principal Place of Business

500 NE SPANISH RIVER BLVD

BOCA RATON, FL 33431 US

Entity Name
 CLINTON REAL ESTATE GROUP, INC.

Mailing Address

500 NE SPANISH RIVER BLVD STE 12

BOCA RATON, FL 33431 US

## FILED Feb 03, 2006 08:00 AM Secretary of State



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0085309 Applied For Not Applicable

5. Certificate of Status Desired

\$8

\$8.75 Additional Fee Regulred

Daytime Frone #

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLINTON, DONALD J. 500 NE SPANISH RIVER BLVD STE 12 FORT LAUDERDALE, FL 33308

SIGNATURE:

SIGNATURE AND TYPED OR

## 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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed hame of registered agent and titls if explicable. (NOTE: Registered Agent signature required when refinating).  DATE				
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  7 rust Fund Contribution.			cing \$5.00 May Be	
10. DRE	OFFICERS AND DIRECT	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	CLINTON, DONALD J. 500 NE SPANISH RIVER BLVD., STE BOCA RATON, FL 33431	. 12		
TIPLE NAME STREET ADDRESS CHY-ST-ZIP				000000417510 02/13/06-80058-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
title Name Street Address City-St- <i>1</i> 89			IN	THIS SPACE
HILE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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.				

NAME OF SIGNING OFFICER OR DIRECTOR