## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # K92052 02-15-2006 90036 043 \*\*\*150.00 1. Entity Name SELECT AMERICAN REALTY, INC. Principal Place of Business Mailing Address ~ ~ ~ T U U U U C/O KEVIN REDMOND C/O KEVIN REDMOND 3399 SW 42ND AVENUE 3399 SW 42ND AVENUE PALM CITY, FL 34990 PALM CITY, FL 34990 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REDMOND, KEVIN DO NOT WRITE **3399 SW 42ND AVENUE** PALM CITY, FL 34990 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE REDMOND, KEVIN NAME STREET ADDRESS 6960 SW GATOR TRAIL CITY-ST-ZIP PALM CITY, FL 34990 D TITLE KAYLIE, HARVEY NAME STREET ADDRESS 13 NEPTUNE AVE. CITY-ST-ZIP BROOKLYN, NY 11235 TITLE KAYLIE, GLORIA NAME STREET ADDRESS 13 NEPTUNE AVE. DO NOT WRITE CITY-ST-ZIP BROOKLYN, NY 11235 IN THIS SPACE TITLE NAME KAYLIE, ROBERTA STREET ADDRESS 13 NEPTUNE AVE. CITY-ST-ZIP BROOKLYN, NY 11235 TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR

FILED