

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50563

FILED
Mar 03, 2005
Secretary of State

Entity Name: MONOPOLY REAL ESTATE, INC.

Current Principal Place of Business:

1515 UNIVERSITY DR
SUITE 201
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1515 UNIVERSITY DR
SUITE 201
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0179196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPTON, SIMON C
1515 UNIVERSITY DRIVE
SUITE 201
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LIPTON, SIMON C
Address: 1515 UNIVERSITY DRIVE STE 201
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete
Name: LIPTON, DEBBIE L
Address: 1515 UNIVERSITY DRIVE STE 201
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIMON C. LIPTON

PRES

03/03/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date