2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58043

1. Entity Name

SCHÉRER MANAGEMENT AND DEVELOPMENT REALTY, INC.

6. Name and Address of Current Registered Agent



Principal Place of Business

612 SE 5 AVE #6

FT. LAUDERDALE, FL 33301 U

Mailing Address

C/O ANNE E. SCHERER PO BOX 1182 FT. LAUDERDALE, FL 33302

US

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90028 031 ***150.00



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2186376

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

, ,

SCHERER, ANNE E
612 SE 5 AVE #6
BUILDING D.
FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

FILAUDE	RDALE, FL 33301		-		IIIO OFACE
8. The above the obligat . SIGNATURE.	ions of registered agent.			egistered agent, or both,	in the State of Florida. I am familiar with, and accept DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10. ITILE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIRECT D SCHERER, ANNE E. 612 SE 5TH AVE #6 FT. LAUDERDALE, FL	TORS		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 954-761-10a