2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Name REALTY C	e	# L62634	ILFO	iii (Aii	<u></u>			FILED Feb 04, 2004 08:00 AM Secretary of State	
Principal Place	a of Business	2	Mailine	g Address			1		
Principal Place of Business % STEVEN PAUL ALLEN 594 RAMBLING DRIVE CIRCLE W PALM BEACH FL 33414			% ST 594 R	% STEVEN PAUL ALLEN 594 RAMBLING DRIVE CIRCLE W PALM BEACH FL 33414					
2. Principal Place of Business			3. Mad	3. Mailing Address					
Suite, Apt. #, etc.			Suite	Suite, Apt #, etc.				MOORE CR2E034 (11/03)	
City & State			City	City & State			4. F	FEI Number 65-0191930   Applied For Not Applicab	le
Ζφ		Country	Zip		Cour	ву	1	Certificate of Status Desired Security	
	6. Name	and Address of Currer	nt Registere	Registered Agent Name			7. N	Name and Address of New Registered Agent	
594	RAMBLII	VEN PAUL NG DRIVE CIRCLE ACH FL 33414	Ξ			Street Address (P.O. Box Number is Not Acceptable)		_	
VV P	WEINI DET	AOFI FE 33414				City		Zip Code	
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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 agont and tive if applicable (NOTE, Registered Agent signature required when repostating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campelgn Financing Trust Fund Contribution. S5.00 May Be Added to Fees	
Make Check	( rayable t	OFFICERS AN		as	11.	<del> </del>	Αľ	DDITIONS/CHÁNGES TO OFFICERS AND DIRECTORS IN 11	
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NAME	}	TEVEN PAUL			NAK			02/05/04-80049-010 150.00	-
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.  SIGNATURE:  STELLEN  ALLEN  3.1 (2004) 561-795-1861									
SIGNAT	TURE:	SIGNATURE AND TYPED O	OR PRINTED NA	ME OF SIGNING OFFICER				thate   Daytime Phone #	-