

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L88451</b>					
<b>1. Entity Name</b> <b>SUSSEX REALTY CORPORATION</b>					
<b>Principal Place of Business</b> C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE 310 WEST PALM BEACH, FL 33401 US			<b>Mailing Address</b> 1555 PALM BEACH LAKES BLVD. SUITE 310 WEST PALM BEACH, FL 33401 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006 Chg-P CR2E034 (11/05)	
<b>4. FEI Number</b> <b>65-0233182</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CRAMER, HARRIS LLP 1555 PALM BEACH LAKES BLVD. STE 310 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b>  Name <b>Harris Cramer LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Boulevard</b> Suite <b>310</b> City <b>West Palm Beach</b> FL <b>33401</b>		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Harris Cramer LLP by Daryl Cramer &amp; Associates, P.A., Partner</b>  <b>by Daryl B. Cramer, President</b> </div> <div style="width: 20%; text-align: right;"> <b>3/6/06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> MYERS, WILLIAM P 105 WEST BEAVER CREEK, UNITS 9 & 10 RICHMOND HILL, ONT, CA 14b 1c6	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U000000480133 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/06-80031-014 158.75	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNITS 9 & 10 RICHMOND HILL, ONT, CA 14b 1c6	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> , Fabrizio Lucchese 2/22/06 905-882-1212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					