


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90465 030 \*\*\*158.75

<b>DOCUMENT # M69293</b>	
1. Entity Name <b>3B REALTY, INC.</b>	

Principal Place of Business <b>7607 COVE TERRACE SARASOTA, FL 34231 US</b>	Mailing Address <b>P.O. BOX 868 OSPREY, FL 34229 US</b>
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**54041371**



2. Principal Place of Business <b>5662 Countrywalk</b>	3. Mailing Address <b>P.O. BOX 2618</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

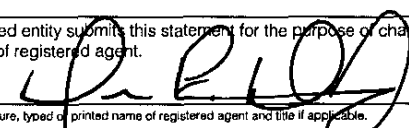
City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34233</b>	Zip <b>34230</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>58-1776134</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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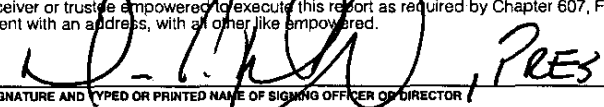
6. Name and Address of Current Registered Agent <b>KAPLAN, MARVIN 7607 COVE TERRACE SARASOTA, FL 34231</b>	
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7. Name and Address of New Registered Agent	
Name <b>D. P. DERUIZ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5662 Countrywalk LANE</b>	
City <b>SARASOTA</b>	Zip Code <b>FL 34233</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.	
SIGNATURE 	<b>DANE P. DERUIZ, PRES. 4-21-04</b> (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAPLAN, MARVIN 7697 COVE TERRACE SARASOTA, FL 34231</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP MARVIN KAPLAN P.O. BOX 868 OSPREY, FL 34229</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, PRES, SEC DANE DERUIZ P.O. BOX 2618 SARASOTA, FL 34230</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.	
SIGNATURE:  <b>PRES</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/23/04 9913567042</b> Date Daytime Phone #