


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 017 \*\*\*150.00

**DOCUMENT # M69293**

1. Entity Name  
**3B REALTY, INC.**



Principal Place of Business      Mailing Address

**5662 COUNTRY WALK**      **P. O. BOX 2618**  
**SARASOTA, FL 34233 US**      **SARASOTA, FL 34230 US**

**50021734**



2. Principal Place of Business      3. Mailing Address

**P.O. Box 49586**      **P.O. Box 49586**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

05042006      Chg-P      CR2E034 (11/05)

City & State      City & State

**Sarasota, Florida**      **Sarasota, Florida**

Zip      Country      Zip      Country

**34230**      **USA**      **34230**      **USA**

4. FEI Number      Applied For

**58-1776134**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

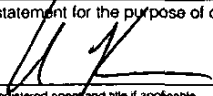
**6. Name and Address of Current Registered Agent**

**DERUIZ, DANE**  
**7858 SADDLE CREEK TRAIL**  
**SARASOTA, FL 34241**

**7. Name and Address of New Registered Agent**

Name: **Marvin Kaplan**  
 Street Address (P.O. Box Number is Not Acceptable): **50 Central Ave**  
 #1702  
 City: **Sarasota**      **FL**      Zip, State: **34236**

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:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

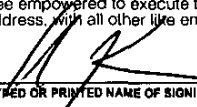
**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MARVIN	NAME	
STREET ADDRESS	PO BOX 49586	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34230	CITY - ST - ZIP	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERUIZ, DANE	NAME	
STREET ADDRESS	P.O. BOX 2618	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34230	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.

SIGNATURE:       Date: **5/9/06**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR