


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90033 014 ***150.00

DOCUMENT # M83758 1. Entity Name BOYER REALTY GROUP, INC.	
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Principal Place of Business 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410 US	Mailing Address 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410 US
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2. Principal Place of Business 3300 PGA BLVD Suite, Apt. #, etc. 625 City & State PALM BEACH GARDENS FL Zip 33410 Country USA	3. Mailing Address 3300 PCA BLVD Suite, Apt. #, etc. 625 City & State PALM BEACH GARDENS FL Zip 33410 Country USA
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01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BOYER, ANITA F 4400 PGA BLVD STE 700 WEST PALM BEACH, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD City PALM BEACH GARDENS FL Zip Code 33410
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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 Anita F. Boyer (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPVP BOYER, ANITA F. 4400 PG ABLVD PALM BEACH GARDENS, FL <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
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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 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: Anita F. Boyer, Pres 1/16/06 561-627-7156