2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M90951

Entity Name
 FENDER REALTY, INC.

US

FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

639 EAST OCEAN AVENUE

639 EAST OCEAN AVENUE

SUITE 407

BOYNTON BEACH, FL 33435 US

SUITE 407 BOYNTON BEACH, FL 33435

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0068032

01092006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FENDER, KIM E 639 EAST OCEAN AVENUE SUITE 407 BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent	urpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registored agent and title if applicable (NOTE. Registered Agent sig				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST FENDER, KIM E 639 E OCEAN AVE SUITE 407 BOYNTON BEACH, FL 33435		U00000383103 01/12/06-80040-009 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CTYY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				44.	

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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5617524553

Daytime Phone #