## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P00000015664 04-11-2006 90114 044 \*\*\*150.00 1. Entity Name CS WAL REALTY, INC. UVUNVLUI Mailing Address Principal Place of Business 21301 POWERLINE ROAD STE 312 PO BOX 11229 KNOXVILLE, TN 37939 BOCA RATON, FL 33433 US 2. Principal Place of Business 3. Mailing Address 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-P CR2E034 (11/05) SUITE 425 City & State 4. FEI Number Applied For BOCA RATON, FL 33432 65-0995149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael B. SHAPIRO, MICHAEL B Shaniro. Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road, Suite 400 7777 GLADES ROAD TE 200 BOCA RATON, FL 33433 Zip Code Boca Raton 8. The above nam 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 B. Surptive (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Delete K Change ☐ Addition TITLE TIME LEVIN, STEVEN NAME LEVIN, STEVEN NAME 21301 POWERLINE ROAD STE 312 STREET ADDRESS STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE 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 the accuracy, with all other like empowered. Steven Jevin, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

**FILED**