


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90067 009 \*\*\*150.00

<b>DOCUMENT # P00000093385</b> 1. Entity Name <b>CENTURY 21 OCEANSIDE SALES, INC.</b>																															
Principal Place of Business <b>622 BEACHLAND BLVD</b> <b>A</b> <b>VERO BEACH FL 32963-5402</b>		Mailing Address <b>622 BEACHLAND BLVD</b> <b>A</b> <b>VERO BEACH FL 32963-5402</b>																													
2. Principal Place of Business <b>2855 Ocean Dr</b> Suite, Apt. #, etc. <b>C2</b>		3. Mailing Address <b>2855 Ocean Dr</b> Suite, Apt. #, etc. <b>C2</b>																													
City & State <b>Vero Beach FL</b> Zip <b>32963-2038</b> Country <b>USA</b>		City & State <b>Vero Beach FL</b> Zip <b>32963-2038</b> Country <b>USA</b>																													
4. FEI Number <b>65-1085598</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/05)																													
6. Name and Address of Current Registered Agent <b>JORGENSEN, PETER</b> <b>1517 20TH ST.</b> <b>VERO BEACH FL 32960</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																													
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 <u><i>Paula Rogers</i></u> DATE <u>2-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PT</b>  <b>ROGERS, ED</b>  <b>110 CACHE CAY DR.</b>  <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>VS</b>  <b>ROGERS, PAULA</b>  <b>110 CACHE CAY DR.</b>  <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>ROGERS, ED</b> <b>110 CACHE CAY DR.</b> <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete	<b>VS</b> <b>ROGERS, PAULA</b> <b>110 CACHE CAY DR.</b> <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete												11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Paula Rogers</i></u> <b>Paula Rogers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/14/06</u> Daytime Phone # <u>772-231-9121</u>																													