2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CHY-ST-ZIP

SIGNATURE:

indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address with a

Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P01000009009 FLORIDA FIVE STAR REALTY, INC. Principal Place of Business Mailing Address 10211 W SAMPLE RD 10211 W SAMPLE RD 109 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (11/05) 04152006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1076925 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 8. Name and Address of Current Registered Agent RISDEN, LINDA K DO NOT WRITE **10211 W SAMPLE RD** IN THIS SPACE CORAL SPRINGS, FL 33065 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, lin the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Efection Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE RISDEN, LINDA K NAME STREET ADDRESS 10211 W SAMPLE RD SUITE 109 U00000523013 05/03/06-80055-024 150.00 CORAL SPRINGS, FL 33065 CITY-ST-ZIP BILE NAME STREET ACCORESS CATY-ST-ZIP TITLE SZARDOK FAARTE DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CHY-ST-19 NAME

12. I hereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppligmental 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 at required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching it with an address, with all other like empowered.

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FILED