


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000030005		
1. Entity Name KINGS POINT REALTY CORP.		

Principal Place of Business 421 SAXONY WAY DELRAY BEACH FL 33446	Mailing Address 421 SAXONY WAY DELRAY BEACH FL 33446
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent KORMAN, MURRAY 421 SAXONY WAY DELRAY BEACH FL 33446	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KORMAN, MURRAY
STREET ADDRESS	421 SAXONY WAY
CITY - ST - ZIP	DELRAY BEACH FL 33446
TITLE	V <input type="checkbox"/> Delete
NAME	JARAMILLO, SUSAN
STREET ADDRESS	9749B BOCA GARDENS PKWY.
CITY - ST - ZIP	BOCA RATON FL 33496
TITLE	ST <input type="checkbox"/> Delete
NAME	KORMAN, ELAINE
STREET ADDRESS	421 SAXONY WAY
CITY - ST - ZIP	DELRAY BEACH FL 33446
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PRES. MURRAY KORMAN** 4/14/05 561-271-3855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR