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

## May 10, 2006 8:00 am Secretary of State **DOCUMENT # P01000046320** 05-10-2006 90101 022 \*\*\*150.00 REALTECH REALTY CO. Principal Place of Business Mailing Address 12397 BELCHER RD 12397 BELCHER RD STE 270 **STE 270** LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business 3. Mailing Address 1180 Ponce 180 Ponce De Loon Blue 04192006 CR2E034 (11/05) use City & State & State 4. FEI Number Applied For an 65-1101486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSK, MAHHEW Street Address (P.O. Box Number is No! Acceptable) 11 80 Ponce De Leon Blud. Suite Zol 12397 BELCHER RD. #270 LARGO, FL 33773 Clearwater Zip Code 33756 8. The above narroed entity subgride 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 re, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD W.Q TITLE Delete TITLE ☐ Addition MOSK, MATTHEW Vettman, Greg NAME NAME 1180 Ponce De 201 Bludguite 201 STREET ADDRESS 12397 BELCHER RD #270 STREET ADDRESS 332561 CITY-ST-7IP LARGO, FL 33773 🕥 CITY-ST-ZIP learwase( CEOD TITLE Delete TITLE MGR Thomas, John 1800 Porce De Laon Blud suive 201 NAME MOSK, YALE NAME STREET ADDRESS 10875 SW 69 CT. STREET ADDRESS CITY-ST-7IP MIAMI, FL 33156 CITY-ST-ZIP Clearwaser, 4 3375b TITI F Delete TITLE ☐ Change Addition NAME MOSK, SHARON NAME STREET ADDRESS 10875 SW 69 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE VPD De lete TITLE ☐ Change ☐ Addition MOSK, LAURI NAME NAME STREET ADDRESS 10875 SW 69 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 period or supplemental period is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am en officer or director of the corporation or the receiver or discovered 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**