## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000081576 AMERICA'S SELECT REALTY, INC. Principal Place of Business Mailing Address 10315 CAMELBACK LANE 10315 CAMELBACK LANE BOCA RATON, FL 33498 BOCA RATON, FL 33498 04242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1134699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAFFERMAN, KARIN L DO NOT WRITE 10315 CAMELBACK LANE BOCA RATON, FL 33498 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TOLE NAME SHAFFERMAN, KARIN L STREET ADDRESS 10315 CAMELBACK LANE CITY-ST-ZIP BOCA RATON, FL 33498 U00000357138 05/04/05-80063-004 150.00 TITLE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TUTL F NAME STREET ADDRESS CITY-ST-ZIP

. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 reporter or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attaching the with an address with all other like empowered.

SIGNATURE: TED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**