
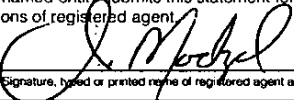
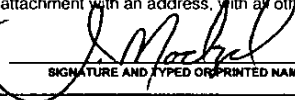


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90036 046 \*\*\*150.00

DOCUMENT # P02000001949			
1. Entity Name METROPOLIS SHORES REALTY, INC.			
Principal Place of Business 8730 THOMAS DR STE B PANAMA CITY BEACH, FL 32407		Mailing Address PO BOX 9022 PANAMA CITY, FL 32417	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MODZEL, JOE 7222 SOUTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408		Name: MODZEL, JOE Street Address (P.O. Box Number is Not Acceptable): 308 MOONLIGHT BAY DRIVE City: PANAMA CITY BEACH FL Zip Code: 32407	
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: 		DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: WRAY, JOHN T STREET ADDRESS: P.O. BOX 18682 CITY-ST-ZIP: PANAMA CITY BEACH, FL 32417	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MODZEL, JOE STREET ADDRESS: 308 MOONLIGHT BAY DRIVE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MODZEL, JOE STREET ADDRESS: 7222 SOUTH LAGOON DRIVE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE: V NAME: DONALD T JANOVYAK STREET ADDRESS: 5610 S LAGOON DRIVE CITY-ST-ZIP: PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 		JOE MODZEL	1-15-06 850-233-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40000



01152006 Chg-P CR2E034 (11/05)

4. FEI Number 95-4893187 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required