

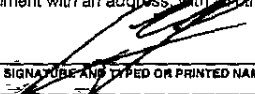


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000046857																																										
1. Entity Name CLW REALTY GROUP OF CONNECTICUT, INC.																																										
Principal Place of Business 4301 ANCHOR PLAZA PARWAY SUITE 400 TAMPA, FL 33634	Mailing Address 4301 ANCHOR PLAZA PARWAY SUITE 400 TAMPA, FL 33634	 04192005 No Chg-P CR2E034 (10/03) 4. FEI Number 04-3668370 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent HARTER, CRAIG 4301 ANCHOR PLAZA PARWAY SUITE 400 TAMPA, FL 33634 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>VARSALES, LOUIS</td></tr><tr><td>STREET ADDRESS</td><td>4301 ANCHOR PLAZA PARWAY SUITE 400</td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA, FL 33634</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>LAUER, BRUCE</td></tr><tr><td>STREET ADDRESS</td><td>4301 ANCHOR PLAZA PARWAY SUITE 400</td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA, FL 33634</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	D	NAME	VARSALES, LOUIS	STREET ADDRESS	4301 ANCHOR PLAZA PARWAY SUITE 400	CITY-ST-ZIP	TAMPA, FL 33634	TITLE	D	NAME	LAUER, BRUCE	STREET ADDRESS	4301 ANCHOR PLAZA PARWAY SUITE 400	CITY-ST-ZIP	TAMPA, FL 33634	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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11. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																										
Date <u>4/29/05</u> Daytime Phone # <u>(813) 344-8585</u>																																										