


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90009 030 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000066518</b>                          |  |
| 1. Entity Name<br><b>DELRAY BEACH REAL ESTATE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3200 N FEDERAL HWY<br/>SUITE 228<br/>BOCA RATON, FL 33431</b> | Mailing Address<br><b>3200 N FEDERAL HWY<br/>SUITE 228<br/>BOCA RATON, FL 33431</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>82-0560409</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**GERKEN, STEPHEN L  
3200 N FEDERAL HWY  
SUITE 228  
BOCA RATON, FL 33431**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br><b>PST President, Secretary, Treasurer</b>   |  |
| NAME<br><b>GERKEN, STEPHEN L</b>                      |  |
| STREET ADDRESS<br><b>3200 N FEDERAL HWY., STE 228</b> |  |
| CITY-ST-ZIP<br><b>BOCA RATON, FL 33431</b>            |  |
| 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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IN THIS SPACE**

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:** *Stephen L Gerken President* **1-19-06** **561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **756-9755**