2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P02000077349 04-11-2006 90120 044 ***150.00 1. Entity Name PLATINUM REALTY SERVICES, INC. Principal Place of Business Mailing Address UUU AUUU 15880 SUMMERLIN ROAD 15880 SUMMERLIN ROAD **SUITE A14-113** SUITE A14-113 FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01262006 Chg-P City & State City & State 4. FEI Number Applied For 52-2366558 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, BRUCE D Street Address (P.O. Box Number is Not Acceptable) 1520 ROYAL PALM SQUARE BLVD. **SUITE 320** FORT MYERS, FL 33919 1380 Royal Palm Square Boulevard Zip Code Fort Myers 33919 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MR. PTD TITLE Delete TITLE Change Ch ■ Addition Robert E. Konst KONST, ROBERT E P/T/D NAME NAME 1337 TORREYA CIRCLE 1337 Torreya Circle STREET ADDRESS STREET ADDRESS Fort Myers, Florida 33917 CITY-ST-ZIP FORT MYERS, FL 33917 CITY-ST-7IP MRS VSD Change TITLE Delete IIII F ■ Addition Holly A. Konst 1337 Torreya Circle NAME KONST, HOLLY A V/S/D NAME STREET ADDRESS 1337 TORREYA CIRCLE STREET ADDRESS Fort Myers, Florida 33917 FORT MYERS, FL 33917 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINT

obert E. Konst 2/1/06

FILED