


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 039 ***158.75

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| DOCUMENT # P02000114805 |  |
| 1. Entity Name ALEXANDROS REAL ESTATE GROUP INTERNATIONAL, INC. | |

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| Principal Place of Business 1814 OVEN STREET CLEARWATER FL 33765 | Mailing Address 1630 AMBERGLEN DRIVE DUNEDIN FL 34698 |
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| 2. Principal Place of Business 800 East Bay Dr. | 3. Mailing Address 1630 Amberglenn Dr. |
| Suite, Apt. #, etc. Suite E | Suite, Apt. #, etc. |
| City & State Largo, FL | City & State Dunedin, FL |
| Zip 33770 | Zip 34698 |
| Country USA | Country USA |

1st MOORE CR2E034 (10/05)

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|--|--|
| 4. FEI Number 83-0339987 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GIASEVITS, MARIA 1630 AMBERGLEN DRIVE DUNEDIN FL 34698 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL Zip Code | |

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 constituting) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIASEVITS, MARIA 1630 AMBERGLEN DRIVE DUNEDIN FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/12/06** (727) 733-9422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #