

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044029

FILED  
Jun 14, 2005  
Secretary of State

Entity Name: CONDOS TO CASTLES REALTY, INC.

## Current Principal Place of Business:

215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747

## New Principal Place of Business:

5029 EDGEWATER DRIVE  
ORLANDO, FL 32810

## Current Mailing Address:

215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747

## New Mailing Address:

5029 EDGEWATER DRIVE  
ORLANDO, FL 32810

FEI Number: 81-0607186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRABTREE, VALLERI J  
215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

CRABTREE, VALLERI J  
5029 EDGEWATER DRIVE  
ORLANDO, FL 32810 US

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.

SIGNATURE:

06/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRABTREE, VALLERI J  
Address: 215 CELEBRATION PLACE, SUITE 500  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: MCPECK, MITZI L  
Address: 215 CELEBRATION PLACE, SUITE 500  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRABTREE, VALLERI J  
Address: 5029 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Change ( ) Addition  
Name: MCPECK, MITZI L  
Address: 5029 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALLERI J. CRABTREE

D

06/14/2005

Electronic Signature of Signing Officer or Director

Date