2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am **Secretary of State** DOCUMENT # P03000076818 1. Entity Name 03-01-2006 90037 016 ***150.00 INVESTORS REAL ESTATE NETWORK, INC. Principal Place of Business Mailing Address 9590 NW 17 STREET 9590 NW 17 STREET PLÁNTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business Mailing Address 9590 NW 17 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For FL. 56-2382318 CANTETTON Not Applicable Country Zio Country, \$8.75 Additional 5. Certificate of Status Desired 3322 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Change Addition TIFLE ☐ Delete NAME APICELLA, STEPHEN NAME 9590 NW 17 STREET PLANTATION, FL. 33322 STREET ADDRESS STREET ADDRESS 7501 N.W. 4TH STREET SUITE 104 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete Change | ☐ Addition TITLE ппе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attribution with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED