2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000077005 SCHAPEROW REAL ESTATE, INC. Principal Place of Business Mailing Address 928-B DELTONA BLVD 928-8 DELTONA BLVD DELTONA, FL 32725 DELTONA, FL 32725 02262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEL Number 20-0104569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHAPEROW, ELI DO NOT WRITE 793 E NORMANDY BLVD DELTONA, FL 32725 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE SCHAPEROW, ELI NAME STREET ADDRESS 793 E NORMANDY BLVD CITY-ST-ZIP DELTONA, FL 32725 000000451103 03/10/06-80037-004 150.00 Tate NAME STREET ADDRESS CITY-ST-ZIP MANAL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE SITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. Chereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

Eli Schaperon 2/27/06 INTED NAME OF SIGNING OFFICER OR DIRECTO