2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086756

1. Entity Name
REALBOOK OF SOUTH FLORIDA, INC.

FILED
06 APR 28 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/24/06 90424 041 150.00

Principal Place of Business	Mailing Address
81933 OLD HIGHWAY ISLAMORADA, FL 33036	POST OFFICE BOX 292 ISLAMORADA, FL 33036

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05032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1200854
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAUROWSKI, PEGGY
82990 OVERSEAS HIGHWAY #30
ISLAMORADA, FL 33036

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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) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAUROWSKI, PEGGY
STREET ADDRESS	82990 OVERSEAS HIGHWAY #30
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	B 5/3/04
CITY-ST-ZIP	

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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 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: Peggy Paurowski 3/2/06 305-664-0555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone