2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P03000096971** SUNDANCE LAUDERDALE REALTY, INC. Mailing Address Principal Place of Business **1335 S.E. 16TH STREET** 1335 S.E. 16TH STREET FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 CR2E034 (11/05) 04282006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0279836 Not Application \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAWGES, JOSEPH V DO NOT WRITE 1335 S.E. 16TH STREET FORT LAUDERDALE, FL 33316 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CLAWGES, JOSEPH V STREET ADDRESS 1335 S.E. 16TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33316 7)7) F MILESI, MITCHELL 000000551762 05/13/06-80110-807 150.00 STREET ADDRESS 325 S.E. ST. LUCIE BOULEVARD CATY - ST - 71P STUART, FL 34998 TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-21P TITLE NAME STREET ADDRESS

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 of instee 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 eddpose, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

JOSEPH V. CLAWGES

4/28/06 954-522-2800

FILED