

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107424

FILED
Jan 12, 2006
Secretary of State

Entity Name: ASSET REALTY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

614 E HWY 50
SUITE 123
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E HWY 50
SUITE 123
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-0265434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGH, BRAMDEO
614 E HWY 50
SUITE 123
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINGH, BRAMDEO
Address: 614 E HWY 50, SUITE 123
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SINGH, BRAMDEO
Address: 614 E HWY 50, SUITE 123
City-St-Zip: CLERMONT, FL 34711

Title: VP () Change (X) Addition
Name: SINGH, HANNAHMATIE
Address: 614 E. HWY 50 SUITE 123
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRAMDEO SINGH

P

01/12/2006

Electronic Signature of Signing Officer or Director

_____ Date