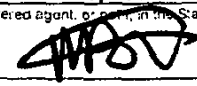
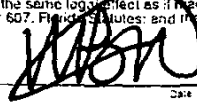


Jan 10 05 02:35p Chad Hoeft

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 031 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000054609			
1. Entity Name THE MCCORMICK REALTY GROUP, INC.			
Principal Place of Business 233 BAHAMA LANE PALM BEACH, FL 33480		Mailing Address 233 BAHAMA LANE PALM BEACH, FL 33480	
2. Principal Place of Business P.O. Box 2926		3. Mailing Address P.O. Box 2926	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, FL 33480		City & State Palm Beach, FL	
Zip 33480		Country 33480	
4. EFT Number 20-0956887		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCCORMICK, MATTHEW B 233 BAHAMA LANE PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 VIA LINDA City PALM BEACH, FL 33480	
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, and accept the obligations of registered agent.			
SIGNATURE  2/23/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
9. Election Campaign Financing - Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President McCormick, Matthew ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President McCormick, Matthew B 218 VIA LINDA PALM BEACH, FL 33480 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HOEFT, CHADWICK A. 218 VIA LINDA PALM BEACH, FL 33480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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:  2/23/05			