2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # P04000062211 1. Entity Name 03-21-2006 90009 023 ***150.00 A & D REALTY GROUP, INC. Principal Place of Business Mailing Address 21 OLD KINGS ROAD N. 21 OLD KINGS ROAD N. #B212 PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address P.O. BOX 352222 P.O. Box 352222 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Palm Coast City & State City & State 4. FEI Number Applied For 20-0995275 Palm Coast FL Not Applicable Country U.S.A Country Country USA \$8.75 Additional 5. Certificate of Status Desired 32135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAS, CARLOS A SR. 21 OLD KINGS ROAD N. Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32137 Bird of Paradise Place City Palm Coast 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 CARLOS A. VIA 3 Signature hyped or printed marrie of registered agent and fulle it applicable CARLOS A. DIAS -(NOTE: Registered Agent signature required when revistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President S T→ N Delete TITLE Change CARLOS A. DIAS SR, 5 Bird of Paradise Place Palm Coast, FL. 32137 NAME DIAS, CARLOS A SR. STREET ADDRESS 21 OLD KINGS ROAD N. B212 STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP Addition Delete TIFLE Sec. /Treas. Maria E. Dias 5 Bird of Paradise Pl. Palm Coast, FL. 32137 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Carlord. Llias - CARLOS A. DÍAS - Pres: 3/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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386-446-5812

FILED