2005 FOR PROFIT CORPORATION

Feb 07, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000071112** 02-07-2005 90048 026 ***150.00 1. Entity Name STREAMLINE REALTY GROUP, INC. Mailing Address Principal Place of Business 14789 80TH LANE NORTH 14789 80TH LANE NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address 357 SE PORT Suite, Apt. #, etc. 760 Suite, Apt. #, etc. 02052005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable bat St.LUCIE 02-072/634 OXAHATCHE E \$8.75 Additional Zip Country Country 33470 5. Certificate of Status Desired 34983 USA U5 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 Agord Signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD IIILE ☐ Change ☐ Addition IIILE ☐ Delete BATCHELER BATCVHELER, SEAN R NAME SEAN NAME STREET ADDRESS STREET ADDRESS 14789 80TH LANE NORTH NAME SPEllING LOXAHATCHEE, FL 33470 CXTY-ST-ZIP CXTY-ST-ZIP Delete MILE MLE NAME BERNOLA, AUGUST NAME STREET ADDRESS 14789 SOTH LANE NORTH STREET ADDRESS CITY-ST-ZP LOXAHATCHEE, FL 33470 CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE πŒ HALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete Change ■ Addition TIBE MLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-70P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered. AUGUST BERNOLA

SIGNATURE:

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FILED

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