

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90171 046 \*\*\*150.00

<b>DOCUMENT # P04000071112</b>					
1. Entity Name STREAMLINE REALTY GROUP, INC.					
Principal Place of Business 2897 SE MONROE ST. BUILDING C STUART, FL 34997		Mailing Address 2897 SE MONROE ST. BUILDING C STUART, FL 34997			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0721634	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <u>AUGUST BERNOLA</u> Street Address (P.O. Box Number is Not Acceptable) <u>760 E RD</u> City <u>LOXAHATCHEE</u> <b>FL</b> Zip Code <u>33470</u>		
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: <u>AUGUST BERNOLA</u> <i>August Bernola</i> 1/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATCHELER, SEAN		NAME		
STREET ADDRESS	14789 80TH LANE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNOLA, AUGUST		NAME		
STREET ADDRESS	<del>14789 80TH LANE NORTH</del>		STREET ADDRESS	<u>760 E RD</u>	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	<del>LOXAHATCHEE</del>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <u>AUGUST BERNOLA</u> <i>August Bernola</i>		1/5/06 561-379-6092 <small>Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01052006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name AUGUST BERNOLA

Street Address (P.O. Box Number is Not Acceptable)

760 E RD

City LOXAHATCHEE **FL** Zip Code 33470

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  Delete  
 NAME BATCHELER, SEAN  
 STREET ADDRESS 14789 80TH LANE NORTH  
 CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME BERNOLA, AUGUST  
 STREET ADDRESS ~~14789 80TH LANE NORTH~~  
 CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 760 E RD  
 CITY-ST-ZIP ~~LOXAHATCHEE~~

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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