

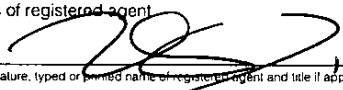
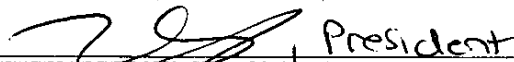


FILED
May 01, 2006 8:00 am
Secretary of State

5004210

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|--|--|--|---|---|--|
| DOCUMENT # P04000090677 | |  | | 05-01-2006 90321 008 ***150.00 | |
| 1. Entity Name REALTY & PROPERTY MANAGEMENT INC. | | | | | |
| Principal Place of Business 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 | | Mailing Address 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 | | | |
| 2. Principal Place of Business 5220 Hood Road | | 3. Mailing Address 5220 Hood Road | |  | |
| Suite, Apt. #, etc. Suite 100 | | Suite, Apt. #, etc. Suite 100 | | 04042006 Chg-P CR2E034 (11/05) | |
| City & State Palm Beach Gardens, FL | | City & State Palm Beach Gardens, FL | | 4. FEI Number 42-1623945 | |
| Zip 33418 | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 | | 7. Name and Address of New Registered Agent Name Gaeta, Neil J. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | Street Address (P.O. Box Number is Not Acceptable) 5220 Hood Road | | | |
| | | Suite 100 | | | |
| | | City Palm Beach Gardens | | Zip Code FL 33418 | |
| 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  President DATE 4/4/06 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Gaeta, Neil J. 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GAETA, LOUIS A JR. 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Gaeta, Louis A., Jr. 5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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:  President DATE 4/4/06 (561)627-4480 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |