


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000097192</b> 1. Entity Name NORTH TREASURE TOWNHOMES, INC.	
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Principal Place of Business 13680 NW 5 STREET 220 SUNRISE, FL 33325	Mailing Address 13680 NW 5 STREET 220 SUNRISE, FL 33325
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**DO NOT WRITE IN THIS SPACE**



05152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1307790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KOSS, JEREMY A  
13680 NW 5 STREET  
220  
SUNRISE, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO, ANTHONY 13680 NW 5 STREET SUITE 220 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSS, JEREMY A 13680 NW 5 STREET SUITE 220 SUNRISE, FL 33325
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U00000764963  
05/31/07-80020-006 550.00

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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:  **DOUGLAS J. JACOBS, DIRECTOR, 5-16-07 9547345620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #