## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

## Mar 30, 2006 8:00 am Secretary of State DOCUMENT # P04000107311 03-30-2006 90028 032 \*\*\*158.75 HOUSE HUNTERS REAL ESTATE, INC. Principal Place of Business Mailing Address 50007243 5901 CAMINO DEL SOL # 201 PO BOX 272651 BOCA RATON, FL 33433 BOCA RATON, FL 33427-2651 2. Principal Place of Business 3-Mailing Address Johnson am ite. Apt. #. etc Suite, Apt. #, etc. 03282006 CR2E034 (11/05) Cha-P City & State Applied For 4. FEI Number 20-1400328 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAULSEN, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 5901 CAMINO DEL SOL # 201 BOCA RATON, FL 33433 City Zip Code 8. The above named entity submyts 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 Signatoro, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete PAULSEN, STEVEN R NAME NAME 4661 Johnson R STREET ADDRESS 5901 CAMINO DEL SOL # 201 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ST TITLE ☐ Delete TITLE R. Paulser ☐ Addition PAULSEN, STEVEN R NAME NAME hame 3653 N. Carambola Cir. STREET ADDRESS 5901 CAMINO DEL SOL # 201 STREET ADDRESS Coconut Creekel CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 in changed, or on an attachment with an address) with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED