Jan 12, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P04000122734 01-12-2005 90017 016 ***150.00 ATLANTIC REALTY OF PALM BEACH, INC. Principal Place of Business Mailing Address 40000886 1645 PALM BEACH LAKES BLVD STE 1050 1645 PALM BEACH LAKES BLVD STE 1050 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 1700 Upland 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01102005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For West Palm 20-183221 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Désired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAMS, DANIEL J ESQ 1645 PALM BEACH LAKES BLVD STE 1050 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 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. | 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 Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPV THLE Delete TITLE Director brams, David 1700 Upland Road BRAMS, DANIEL J NAME NAME 1645 PALM BEACH LAKES BLVD STE 1050 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 West Palm Beach, FL 33409 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE Brams, David BRAMS, DANIEL J NAME 1700 Upland Road 1645 PALM BEACH LAKES BLVD STE 1050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY - ST - ZtP West Palm Beach, FL 33409 ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 reports 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 receive of trusted appears in Block 10 or Block 11 if changed or on a state throughout the accuracy with another legal effect. changed, or on an attachment with a

CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED