

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000123632

Entity Name: CASH FOR REAL ESTATE, INC.

FILED
Oct 25, 2006
Secretary of State

Current Principal Place of Business:

8101 NW 20 CT
SUNRISE, FL 33322

New Principal Place of Business:

4243 OLD BOYNTON ROAD
BOYNTON BEACH, FL 33436

Current Mailing Address:

8101 NW 20 CT
SUNRISE, FL 33322

New Mailing Address:

4243 OLD BOYNTON ROAD
BOYNTON BEACH, FL 33436

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVANT, EMMANUEL
8101 NW 20 CT
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

SAMUEL, GASPARD
4243 OLD BOYNTON ROAD
BOYNTON BEACH, FL 33436 US

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.

SIGNATURE: SAMUEL GASPARD

10/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORISSET, RICHARD
Address: 8101 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Delete
Name: GASPARD, SAMUEL
Address: 8101 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Delete
Name: SALVANT, EMMANUEL
Address: 8101 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GASPARD, SAMUEL
Address: 4243 OLD BOYNTON ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL GASPARD

P

10/25/2006

Electronic Signature of Signing Officer or Director

Date