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Secretary of State

01-12-2006 90186 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000137626

1. Entity Name
FLORIDA ESTATE BROKERS, INC

66023387

Principal Place of Business	Mailing Address
222 W.COMSTOCK AVENUE SUITE 117 WINTER PARK,, FL 32789 US	6033 LEXINGTON PARK ORLANDO, FL 32819 US

2. Principal Place of Business	3. Mailing Address
same as above	same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number ~~APPLIED FOR~~ SEE ABOVE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEWITT,, CAROL ANN
6033 LEXINGTON PARK
ORLANDO, FL 32819

Paid Jan. 6, 2006 # 1001

7. Name and Address of New Registered Agent

Name: same

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Jan 6. 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PRES HEWITT,, CAROL ANN 6033 LEXINGTON PARK ORLANDO, FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	none ☐ Change ☐ 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: [signature] 1/6/06 407-325-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #