
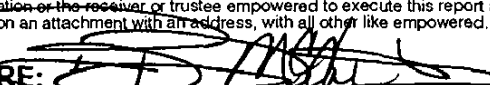


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90005 035 \*\*\*150.00

<b>DOCUMENT # P04000147640</b> 1. Entity Name <b>COMMISSION SHARING REALTY CORP</b>					
Principal Place of Business <b>720 SHAMROCK BOULEVARD</b> <b>VENICE, FL 34293 US</b>			Mailing Address <b>720 SHAMROCK BOULEVARD</b> <b>VENICE, FL 34293 US</b>		
2. Principal Place of Business <b>720 SHAMROCK BLVD.</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>VENICE, FL 34293</b>			City & State 		
Zip <b>34293</b>		Country <b>USA</b>		4. FEI Number <b>20-1860993</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCCARTHY, BRENNAN D</b> <b>938 WEST DOUGLAS COURT</b> <b>VENICE, FL 34293</b> <div style="margin-left: 150px;"><b>NEW ADDRESS</b></div>			7. Name and Address of New Registered Agent Name <b>MCCARTHY, BRENNAN D.</b> Street Address (P.O. Box Numbers Not Acceptable) <b>7360 MARA VISTA DRIVE</b> City <b>SARASOTA</b> FL <b>34238</b>		
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 \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MCCARTHY, BRENNAN D 938 WEST DOUGLAS COURT VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, BRENNAN D. 7360 MARA VISTA DRIVE SARASOTA, FLORIDA 34238
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date <b>2/1/06</b> Daytime Phone # <b>941-615-0010</b>		