## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P04000157021 04-11-2006 90114 028 \*\*\*150.00 LENOX PLACE REALTY, INC. 60050120 Principal Place of Business Mailing Address 21301 POWERLINE RD STE 312 PO BOX 11229 BOCA RATON, FL 33433 KNOXVILLE, TN 37939 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2065782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L ESQ DO NOT WRITE 802 11TH STREET WEST BRADENTON, FL 34205 IN THIS SPACE 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, 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 10. OFFICERS AND DIRECTORS TITLE NAME RAO, RAVINCHA 550 MAMORNECK AVE, STE 404 STREET ADDRESS CITY-ST-ZIP HARRISON, NY 10528 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-\$T-ZIP

SIGNATURE: 2

NAME STREET ADDRESS CITY-ST-ZIP

> Ravindra Rao, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*06* (914) 3<u>81-1010</u>

**FILED**