


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 012 ***550.00

DOCUMENT # P05000027779	
1. Entity Name MAST REALTY, INC.	


Principal Place of Business 20903 NE 26 AVE. N. MIAMI BEACH, FL 33180 US	Mailing Address 20903 NE 26 AVE. N. MIAMI BEACH, FL 33180 US
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2. Principal Place of Business 18155 NE 19 th AVE. Suite, Apt. #, etc.	3. Mailing Address 18155 NE 19 AVE Suite, Apt. #, etc.
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City & State N Miami Beach, FL	City & State N Miami Beach, FL
Zip 33162	Zip 33162
Country USA	Country USA


6. Name and Address of Current Registered Agent	
MARGOLIS, EDWARD L 20903 NE 26 AVE. N. MIAMI BEACH, FL 33180	

7. Name and Address of New Registered Agent	
Name	
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 	DATE 7/13/06
<small>Signature, typed or printed name of registered agent and both applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARGOLIS, EDWARD L		NAME	
STREET ADDRESS 20903 NE 26 AVE.		STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH, FL 33180		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWATT, MARCI L		NAME	
STREET ADDRESS 20325 NE 20 CT.		STREET ADDRESS	
CITY-ST-ZIP N. MIAMI BEACH, FL 33179		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 7/13/06 DAYTIME PHONE # 305-785-6632
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	