## 2006 FOR PROFIT CORPORATION

O

SIGNATURE AND T

SIGNATURE:

## Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000028440** 04-10-2006 90299 019 \*\*\*150.00 1. Entity Name WIDE WORLD OF REAL ESTATE, INC. Mailing Address Principal Place of Business UUV~~ 99 SE MIZNER BLVD., UNIT 923 99 SE MIZNER BLVD., UNIT 923 BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Business 7922 VILLA DESTE WAY 7922 VILLA DESTE WAY 04042006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 22-2553152 Not Applicable DELRAY DELRAY \$8.75 Additional Zip 5. Certificate of Status Desired BEACH Fee Required 33446 33446 MALM 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NameRAYMOND LEMME CRAIG DONOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES RD., SUITE 204 BOCA RATON, FL 33434 VILLA D'ESTE 33446 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. 4-5-06 PRES SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and tide if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE L'EMME, RAYMOND 7922 VILLA D'ESTE WAY D □ Delete TITLE . LEMME, RAYMOND NAME NAME STREET ADDRESS 99 SE MIZNER BLVD., UNIT 923 STREET ADDRESS DELRAY BEACH, FL CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_\$1.7IP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition \_\_ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this flling 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 to 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 an other like empowered.

RAYMOND LEMME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED