

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 007 ***150.00

DOCUMENT # P05000028781

1. Entity Name
AVIVA INTERNATIONAL REALTY, INC.



Principal Place of Business Mailing Address

**1 FLORIDA PARK DRIVE SOUTH
 SUITE 226
 PALM COAST, FL 32137**

**1 FLORIDA PARK DRIVE SOUTH
 SUITE 226
 PALM COAST, FL 32137**

2. Principal Place of Business 3. Mailing Address

46 Cold Spring Ct **46 Cold Spring Ct**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PALM COAST FL **PALM COAST FL**

Zip Country Zip Country

32137 **USA** **32137** **USA**



03022006 Chg-P CR2E034 (11/05)

4. FEI Number: **20-2404475** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL
 ATRIUM SUITE
 1 FLORIDA PARK DRIVE SOUTH
 PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name: **Theodore N. TUROWSKI**

Street Address (P.O. Box Number is Not Acceptable): **46 COLD SPRING CT**

City: **PALM COAST** FL Zip Code: **32137**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUROWSKI, THEODORE			NAME			
STREET ADDRESS	1 FLORIDA PARK DRIVE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUROWSKI, THEODORE			NAME			
STREET ADDRESS	1 FLORIDA PARK DRIVE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137			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: Theodore N. Turowski Date: 3/8/06 Daytime Phone #: 386-447-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR