2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000033115 05-02-2006 90202 042 ***158.75 1. Entity Name PAUL SCHULTZ REALTY GROUP, INC. Principal Place of Business Mailing Address 60034335 1423 VILLA JUNO DRIVE SOUTH 277 ROYAL POINCIANA WAY JUNO BEACH, FL 33408 #112 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State 4. FEI Number 20-2398799 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHULTZ, PAUL CEO Street Address (P.O. Box Number is Not Acceptable) 1423 Villa Juno Drive South 277 ROYAL POINCIANA WAY #112 PALM BEACH, FL 33480 City Zip Code 33408 Juno Beach 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, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (Change ☐ Addition NAME SCHULTZ, PAUL BROKER NAME STREET ADDRESS 277 ROYAL POINCIANA WAY #112 STREET ADDRESS 1423 Villa Juno Drive South CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Juno Beach, FL 33408 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

April 27, 2006

561-307-1882

Daytime Phone #

with all other like empowered

changed, or on an attachment with an address

SIGNATURE:

FILED