2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# P05000044803

Entity Name: BRISTOL REAL ESTATE, INC.

Current Principal Place of Business:

11860 W. STATE ROAD 84, STE. B15
SUITE 15
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

11860 W. STATE ROAD 84, STE. B15
SUITE 15
DAVIE, FL 33325

New Mailing Address:

FEI Number: 20-2580435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 430
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLAN, AMNON
Address: 11860 W. STATE ROAD 84, STE. B15
City-St-Zip: DAVIE, FL 33325

Title: V ( ) Delete
Name: SCHACHTEL, SARI
Address: 11860 W. STATE ROAD 84, STE. B15
City-St-Zip: DAVIE, FL 33325

Title: VS ( ) Delete
Name: DAVENPORT, RICHARD
Address: 11860 W. STATE ROAD 84, STE. B15
City-St-Zip: DAVIE, FL 33325

Title: VT ( ) Delete
Name: KLEIDER, ITZAK
Address: 11860 W. STATE ROAD 84, STE. B15
City-St-Zip: DAVIE, FL 33325

Title: V ( ) Delete
Name: MEADE, MARLENE J
Address: 11985 COLLIER BLVD. #5
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MAXINE, RABNEY J
Address: 11985 COLLIER BLVD. #5
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON GOLAN P 06/26/2006

Electronic Signature of Signing Officer or Director — Date