

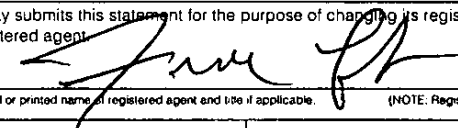
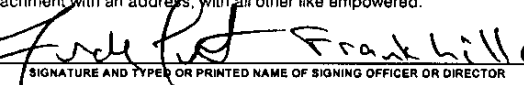


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90050 028 ***150.00

DOCUMENT # P05000058501 1. Entity Name LILLO REALTY GROUP, INC.					
Principal Place of Business 2490 SE MARSEILLE ST PORT ST. LUCIE, FL 34952 US			Mailing Address 2490 SE MARSEILLE ST PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business 9466 South Federal Hwy Suite, Apt. #, etc. US Hwy #1		3. Mailing Address 2490 SE marseille st Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 33-1116316	
Zip 34952		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Frank Lillo Street Address (P.O. Box Number is Not Acceptable) 2490 SE marseille st. City Port St. Lucie FL 34952	
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 3/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME LILLO, FRANK <input type="checkbox"/> Delete STREET ADDRESS 2490 SE MARSEILLE ST. CITY-ST-ZIP PORT ST. LUCIE, FL 34952			TITLE P/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Frank Lillo STREET ADDRESS 2490 SE marseille st. CITY-ST-ZIP Port St. Lucie, FL 34952		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Frank Lillo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/9/06 Daytime Phone # 772-335-2000		