FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90086 039 ***150.00

| 2006 | FOR PROFIT CORPORATIO ANNUAL REPORT | N |
|------|-------------------------------------|---|
| | | T |

DOCUMENT # P05000077629 1. Entity Name QUEEN PALM REALTY GROUP INC. < 40053400 Principal Place of Business Mailing Address 3136 BOLLARD RD. 3136 BOLLARD RD. WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 250/ Bristol Drive 3. Mailing Address ristol Drive 2501 B 03082006 CR2E034 (11/05) Cha-P 4. FEI Number 20 - 2940375 Applied For Almbeach, FC Not Applicable \$8.75 Additional As In beach 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NIKOLOS, DEBRA A. 3136 BOLLARD RD. WEST PALM BEACH, FL 33411 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 the obligations of egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE NIKOWS, DEBRA A NAME NIKOLOS, DEBRA A. NAME 2501 BRISTOL DIZIVE, STE 11 STREET ADDRESS STREET ADDRESS 3136 BOLLARD RD. WEST PARM BEACH WEST PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete □ Change THLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS C3TY-ST-742 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: