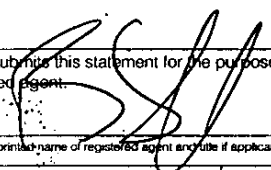


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90128 001 ***450.00

DOCUMENT # P05000082681 1. Entity Name ALTERRA REALTY GROUP, INC.					
Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD. GROUND FLOOR EAST HALLANDALE, FL 33009			Mailing Address 1250 EAST HALLANDALE BEACH BLVD. GROUND FLOOR EAST HALLANDALE, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1145 OYSTERWOOD ST			
City & State		City & State Hollywood FL		4. FEI Number 20-3050460	
Zip 33019	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCOLNICK, BRAM LELAND 1909 TYLER STREET, SUITE 301 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name BRAM LELAND SCOLNICK Street Address (P.O. Box Number is Not Acceptable) 1145 OYSTERWOOD ST City Hollywood FL Zip Code 33019	
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: 2/5/06 <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 NAME STREET ADDRESS CITY - ST - ZIP	D SCOLNICK, BRAM LELAND 1909 TYLER STREET, SUITE 301 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRAM LELAND SCOLNICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 OYSTERWOOD ST HOLLYWOOD FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOLNICK, KARIN 1909 TYLER STREET, SUITE 301 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY - ST - ZIP	KARIN SCOLNICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 OYSTERWOOD ST HOLLYWOOD FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 2/5/06 Daytime Phone: 305 778 8499		