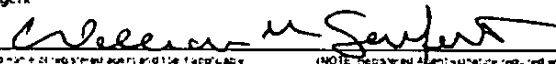
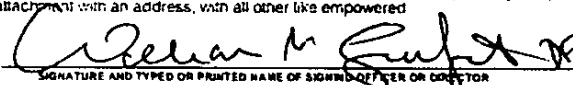


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90329 011 ***150.00

DOCUMENT # P05000103439					
1. Entry Name FLORIDA LIST FOR LESS REALTY, INC.					
Principal Place of Business 9900 STIRLING RD. SUITE 104 COOPER CITY, FL 33026			Mailing Address 9900 STIRLING RD. SUITE 104 COOPER CITY, FL 33026		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 203298821	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FOR LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name WILLIAM M. SEUFERT Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Rd Suite 104 City Cooper City FL Zip Code 33024	
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 4-29-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	DP SEUFERT, WILLIAM M 10835 RICHMOND PLACE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SEUFERT, WILLIAM M. 1440 SHERIDAN ST. # 22 HOLLYWOOD, FL 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS DANIELS, DEBORAH 10835 RICHMOND PLACE COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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 4-29-06 9548743600					