

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

04-20-2006 90201 001 ***150.00

DOCUMENT # P05000120801 1. Entity Name COMMERCIAL VENTURE REALTY, INC.																																																																																																									
Principal Place of Business 2430 PERIWINKLE WAY, SUITE B SANIBEL, FL 33957			Mailing Address 2430 PERIWINKLE WAY, SUITE B SANIBEL, FL 33957																																																																																																						
2. Principal Place of Business			3. Mailing Address																																																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																						
City & State			City & State																																																																																																						
Zip		Country		Zip																																																																																																					
Country		Country		03272006 Chg-P CR2E034 (11/05)																																																																																																					
4. FEI Number 20-3543503				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent SHIELDS, CHRISTPHER J 1833 HENDRY STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																					
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.				FL Zip Code																																																																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																																																																																																									
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																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>ARMENIA, JOSEPH</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2430 PERIWINKLE WAY, SUITE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANIBEL, FL 33957</td> <td></td> </tr> <tr> <td>NAME</td> <td>ARMENIA, JOHN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2430 PERIWINKLE WAY, SUITE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANIBEL, FL 33957</td> <td></td> </tr> <tr> <td>NAME</td> <td>STD ARMENIA, LUCY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2430 PERIWINKLE WAY, SUITE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANIBEL, FL 33957</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	ARMENIA, JOSEPH	<input type="checkbox"/>	STREET ADDRESS	2430 PERIWINKLE WAY, SUITE B		CITY-ST-ZIP	SANIBEL, FL 33957		NAME	ARMENIA, JOHN	<input type="checkbox"/>	STREET ADDRESS	2430 PERIWINKLE WAY, SUITE B		CITY-ST-ZIP	SANIBEL, FL 33957		NAME	STD ARMENIA, LUCY	<input type="checkbox"/>	STREET ADDRESS	2430 PERIWINKLE WAY, SUITE B		CITY-ST-ZIP	SANIBEL, FL 33957		NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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: <u>Sherry Ann Armenia, Secy</u> Date: <u>4/11/06</u> 239-395-4300																																																																																																									

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