

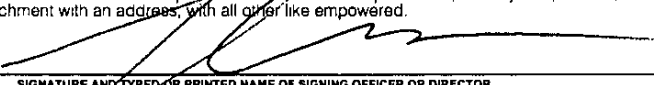


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000149653						
1. Entity Name THE REALTY GROUP OF PALM BEACH COUNTY, INC.						
Principal Place of Business 1402 ROYAL PALM BEACH BOULEVARD BUILDING 300A ROYAL PALM BEACH, FL 33411	Mailing Address 1402 ROYAL PALM BEACH BOULEVARD BUILDING 300A ROYAL PALM BEACH, FL 33411	 01252007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 02-0760139</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 02-0760139	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent LEYENDECKER, THOMAS J 7050 PENINSULA COURT LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVMD LEYENDECKER, THOMAS J 1402 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEYENDECKER, HELENA 1402 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411					
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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:  _____ President		3/9/07 561-722-9250 Date Daytime Phone #				