2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2006 8:00 am Secretary of State **DOCUMENT # P06068** 02-16-2006 90061 014 ***150.00 1. Entity Name THE NATAPOW REALTY CORPORATION Principal Place of Business Mailing Address 3000 2499 GLADES RD. 2499 GLADES RD. STE 209 STE 209 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 16-0731630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINER, MICHAEL S. Street Address (P.O. Box Number is Not Acceptable) 616 E. ATLANTIC AVENUE DELRAY BEACH FL 33444 City Zip Code 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, typed or proted name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete ☐ Addition NAME NATAPOW, STEPHEN D. NAME PO 2- * UU 150 STREET ADDRESS 120 CORPORATEWOODS 100 STREET ADDRESS CITY-ST-7IP **ROCHESTER NY** CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME VAZZANA, JAMES G. (ASST) NAME STREET ADDRESS 5 SOUTH FITZHUGH STREET STREET ADDRESS CITY-ST-ZIP ROCHESTER NY CITY-ST-ZIP THILE ☐ Change Addition ☐ Detete TiT: F NAME NAME NATAPOW, ROBERT P. STREET ADDRESS STREET ADDRESS 120 CORPORATEWOODS 100 CITY-ST-ZIP **ROCHESTER NY** CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

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