

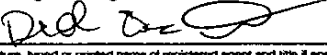
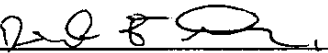


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90007 049 ***150.00

DOCUMENT # P93000002091 1. Entity Name COMMUNITY REAL ESTATE SERVICES INC.					
Principal Place of Business P O BOX 3429 PALM BEACH, FL 33480 US			Mailing Address PO BOX 3429 PALM BEACH, FL 33480 US		
2. Principal Place of Business 728 Belvedere Rd.		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08172005 Chg-P CR2E034 (10/03)	
City & State West Palm Bch FL		City & State 		4. FEI Number NOT APPLICABLE	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWTON, DEIDRA 601 SOUTH FEDERAL HWY LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name Newton, Deidra Street Address (P.O. Box Number is Not Acceptable) 728 Belvedere Rd. City West Palm Beach FL Zip Code 33405	
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  Deidra E. Newton, Pres. 8/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, DEIDRA E 601 S FEDERAL HWY LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Newton, Deidra E. 728 Belvedere Rd. West Palm Bch FL 33405	<input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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:  Deidra E. Newton, 8/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/17/05 Daytime Phone # 561-655-5112		