2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # P93000074250 1. Entity Name BUYERS CENTRAL REALTY, INC. Principal Place of Business Mailing Address 2110 SW 66TH AVENUE MIRAMAR FL 33023 2110 SOUTHWEST 66 AVENUE MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0551479 Not Applicable Zip Zip Country 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 Name DUNHAM, THOMAS Street Address (P.O. Box Number is Not Acceptable) 2110 SW 66TH AVENUE MIRAMAR FL 33023 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 Signature, typed or printed name of registered agent and life 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, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. DP TITLE ☐ Delete HILE Change | ☐ Addition DUNHAM, SHERRON NAME NAME 1/00/00/281067 STREET ADDRESS 2110 SW 66TH AVE STREET ADDRESS 03/30/05-80043-019 150.00 MIRAMAR FL 33023 CITY-ST-ZIP CITY-\$1-ZIP DST THILE Delete THEF ☐ Change Addition DUNHAM, THOMAS NAME NAME STREET ADDRESS 2110 SW 66TH AVE STREET ADDRESS MIRAMAR FL 33023 CHY-ST-7tB CHY-SE-7tP ☐ Delete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP CITY-ST-ZIP TITLE ☐ Delete HHE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED