## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 20, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P94000003418 PRISTINE REAL ESTATE DEVELOPMENT, INC. Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DR. 9020 RANCHO DEL RIO DR. **STE 122** STF 122 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3224997 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEEB, ALEX R DO NOT WRITE 9020 RANCHO DEL RIO DR., STE, 122 NEW PORT RICHEY, FL 34655 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable tNOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. *H*00000475**579** Added to Fees After May 1, 2006 Fee will be \$550.00 <u>04/05/05-80021-013 158.75</u> 10. OFFICERS AND DIRECTORS DP TITLE DEEB. ALEX R NAME 9020 RANCHO DEL RIO DR STE 122 STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP DV. DEEB, RICHARD G NAME STREET ADDRESS 9020 RANCHO DEL RIO DR STE 122 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DTS TITLE DEEB, THOMAS P NAME STREET ADDRESS 9020 RANCHO DEL RIO DR STE 122 DO NOT WRITE CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILLE

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7 6 CAD 10