2006 FOR PROFIT CORPORATION

Apr 12, 2006 8:00 am Secretary of State ANNUAL REPORT 04-12-2006 90102 041 ***150.00 DOCUMENT # P94000037577 1. Entity Name SUNMARK REALTY ADVISORS, INC. Mailing Address Principal Place of Business 800 W. CYPRESS CREEK RD, STE 350 800 W. CYPRESS CREEK RD. STE 350 50011234 FORT LAUDERDALE, FL 33309 STE 350 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 7300 W. Canino Keal 1300 W. Camino Real Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) 122 122 Juite suite City & State City & State 4. FEI Number Applied For Katon. FL FI 65-0495758 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent address KRINSKY, JAY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD, STE 350 FORT LAUDERDALE, FL 33309 city Boca Katon 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) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT Delete Change TITLE TITLE Addition NAME KRINSKY, JAY NAME 7300 W. Camino Real, #122 800 W. CYPRESS CREEK RD, STE 350 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE KRINSKY, TINA J NAME NAME 1300 W. Camino Real, + 122 800 W. CYPRESS CREEK RD, STE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Defete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITL F TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP

12. I hereby certify that the information supplied with this thing 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 of the receiver or trustee emptowered 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 any attachment with any address; part all other like empowered.

SIGNATURE AND THE OF PRINTED HAND OF SIGNING OFFICER OR OFFICE

SIGNATURE:

FILED