

Jan 04, 05 10:32a LINDA GREAR CONTE

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90013 010 \*\*\*150.00

20000341



01042005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P94000068891</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                        |         |
| 1. Entity Name<br><b>SINGER ISLAND EXCLUSIVE PROPERTIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                         |         |
| Principal Place of Business<br><b>2655 NORTH OCEAN DRIVE<br/>BOX #3<br/>SINGER ISLAND, FL 33404 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | Mailing Address<br><b>4100 No. OCEAN DR.<br/>SINGER ISLAND<br/>FL. 33404</b>                                                            |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | City & State                                                                                                                            |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                | Zip                                                                                                                                     | Country |
| 4. FEI Number<br><b>65-0523636</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | \$8.75 Additional Fee Required                                                                                                          |         |
| 6. Name and Address of Current Registered Agent<br><b>GREAR, IRVING 4100 No. OCEAN DRIVE<br/>4000 N. OCEAN DR.<br/>RAVIERA BEACH, FL 33404</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Irving Grear</i></u> <b>1/4/05</b><br><small>Signature required on previous return of this entity or agent and not this agent's office. (NOTE: Registered Agent signature required when applicable)</small>                                                                                                                                                                                       |                        |                                                                                                                                         |         |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VPBD                   | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GREAR, IRVING          | 4100 N. Ocean DRIVE                                                                                                                     |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14766 HAY MARKET COURT | WELLINGTON, FL 33414 SINGER ISLAND, FL                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 33404                                                                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P                      | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GREAR, ROSELYN         | 4100 N. Ocean Drive                                                                                                                     |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14766 HAY MARKET COURT | WELLINGTON, FL 33414 SINGER ISLAND, FL                                                                                                  |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 33404                                                                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                      | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WOLF, JAN              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4011 NE 93RD AVE       |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUNRISE, FL 33351      |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                      | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONTE, LINDA           |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14243 BLACKBERRY DRIVE |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WELLINGTON, FL 33414   |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | <input type="checkbox"/> Delete                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |         |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                         |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN<br>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                         |         |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                         |         |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                         |         |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                         |         |
| 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: <u><i>Irving Grear</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | <b>1/4/05</b>                                                                                                                           |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | Type Here                                                                                                                               |         |