2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90282 002 ***150.00

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1. Entity Name
EXECUTIVE REALTY, INC.

50023249

03032005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
31790 US HWY 19 N. SUITE 207 PALM HARBOR, FL 34684-3721	31790 US HWY 19 N. SUITE 207 PALM HARBOR, FL 34684-3721

2. Principal Place of Business	3. Mailing Address
1836 MANDOLIN WAY	1836 MANDOLIN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY, FL	City & State: HOLIDAY, FL
Zip: 34690-6044 Country: U.S.A.	Zip: 34690-6044 Country: U.S.A.

4. FEI Number: 59-3434385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMEL, MICHEL
31790 US HWY 19 N.
SUITE 207
PALM HARBOR, FL 34684-3721

7. Name and Address of New Registered Agent

Name: HAMEL, MICHEL
Street Address (P.O. Box Number is Not Acceptable): 1836 MANDOLIN WAY
City: HOLIDAY FL Zip Code: 34690-6044

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	HAMEL, MICHEL		NAME	HAMEL, MICHEL	
STREET ADDRESS	31790 US HWY 19 N., SUITE 207		STREET ADDRESS	1836 MANDOLIN WAY	
CITY-ST-ZIP	PALM HARBOR, FL 346843721		CITY-ST-ZIP	HOLIDAY, FL 34690-6044	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: [signature] pres. 3/3/05 MICHEL HAMEL