## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AK)							FIL	ED		
DOCUMENT # P96000024519  1. Entity Name					Feb 20, 2006 08:00 AN Secretary of State					
PARAMO	UNT REAL ESTATE CORP.	<u>.</u>	<u></u>			50	.i ciai	y UI	State	•
Principal Plac	e of Business	Mailing Address								
8717 SOUTH US RT 1 PORT SAINT LUCIE FL 34952 US		8717 SOUTH US RT 1 PORT SAINT LUCIE FL 34952 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			15	t MOORE	CR2E034	(10/05	)	
City & State		City & State		4. FEI Numb	65-065220	)5	-	Applied For Not Applica		
Zip Country		Zip Country		ntry	5. Certificate	e of Status Desired		\$8.75 Fee Req	Additional uired	
	6. Name and Address of Curren	Registered Agent			7. Name an	d Address of New	Registered	Agent	<u>.</u>	
SCF	HAFFER, MARTIN			Name						<u></u>
871	7 SOUTH US 1 RT SAINT LUCIE FL 34952			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip (	Code	'
	e named entity submits this statement f	or the purpose of changing i	ts register	ed office or registe	red agent, or be	oth, in the State of 8	lorida. I am	familiar w	with, and acce	ept
SIGNATURE	-	the particular that the base to the base to	OTF Requests	ca Agent signature require	d when samutations	<u>.</u>	DATE		و عيري و	-
	TLE NOW!!! FEE IS \$150.00	and the bapping to	- regalan		O WISH TENERAL (G)	<u> </u>		<del></del>	***	
After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department of			*	•	9. Election Cam Trust Fund Co			\$5.00 May Added to Fee	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AN			•••
NAME STREET ADDRESS CHY-SI-ZIP	PT SCHAFFER, MARTIN 8717 SOUTH US 1 PORT SAINT LUCIE FL 34952	□ Delete				14000004 133/04/106-8	42234 0010-01	□ Chan 5 150	ige □ Addi •OO	lion
TITLE		☐ Delete	TITL	E			<del>- :</del> -	☐ Chan	nge 🔲 Addi	— ilion
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NAME STREET ADDRESS CITY+ST+ZIP		government of the second second	1	ME EET ADDRESS Y-ST-ZIP		·	- recognition of		- <u> </u>	•
TITLE NAME		☐ Delete	JTIT AAM AA	AE .	1		""	☐ Char	nge 🔲 Addi	ition
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STREET ADDRESS CITY ST-ZIP				Y-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete		AE. EET ADDRESS				☐ Char	nge 🗌 Add	ition
12. I hereby indicated of the co if change	certify that the information supplied wild on this report or supplemental report progration or the receiver or trustee ended, or on an attachment with an address.	ith this filing does not qualif- is true and accurate and that powerful to execute this rep set furn all other like empow	y for the e	r-SI-ZIP exemptions contain ature shall have the luired by Chapter 6	ed in Section 1 same legal effe 07, Florida Stati	19, Florida Statutes ect as if made unde utes; and that my n	i. I further ca ir oath; that I ame appear	rtify that t am an off s in Block	the information ficer or direct 10 or Block	an tor 11

MARTIN SCHAFFER

SIGNATURE AND TYPED THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

772 879-4101

Daytime Pliono #