2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000029708

1. Entity Name
CERTIFIED REALTY, INC.



Principal Place of Business

ETTASHAVE 7510 S. HWY. AIA

MELBOURNE BEACH, FL 32951 US

Mailing Address

P.O. BOX 510247

MELBOURNE BEACH, FL 32951

FILED

Jan 13, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4.	FEI Number		Applied For
	59-3373372		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARKER, JEFFERY T 211 ASH AVE

MLEBOURNE BCH, FL 32951

DO NOT WRITE IN THIS SPACE

No Chg-P

01032006

8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am far	niliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			· p
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PARKER, JEFFERY T 211 ASH AVE MELBOURNE BEACH, FL 32951	er en			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P WINKLER, DANIEL 119 SIGNATURE DR MELBOURNE BEACH, FL 32951			U00000386075 01/18/06-90044-00)6 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			7 4 700 122		
12. I hereby o	certify that the information supplied with this t	iling does not qualify for the exe	mptions contained in Chapter 11	9, Florida Statutes. I further certify	that the information

instance on this report of 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR