2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # P96000053990 1. Entity Name 05-01-2006 90298 003 ***150.00 EGRETS APARTMENTS, INC. Principal Place of Business 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3385293 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 City 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE VTD Defete TITLE ☐ Change Addition NAME TIETJEN, GEORGE NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS NEW YORK NY 10020 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME BELLI, NOEL NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10020 CITY-ST-7IP THE Delete TITLE ☐ Change ☐ Addition NAME CASSIDY, MILLIE C NAME STREET ADDRESS STREET ADDRESS 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10020 TITLE ☐ Delete TITLE ☐ Change Addition WEINER, DAVID NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10020 CITY-ST-ZIP ☐ Delete [7] Change ☐ Addition TITLE WATTERS, CONNELL J NAME NAME 1251 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS NEW YORK NY 10020 CITY-ST-ZIP CITY-ST-ZIP AS To Delete ☐ Change ☐ Addition TITLE TIT1 F GUTTENBERG, ELLYN NAME NAME 1251 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS NEW YORK NY 10020 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or the receipter 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 attachm with an address, with all other like empowered.

SIGNATURE:

Date Daytime Phone #

FILED