2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2005 08:00 AM DOCUMENT # P96000066506 **Secretary of State** 1. Entity Name FLOOD REALTY GROUP, INC. Principal Place of Business Mailing Address 5317 SHEN AVNEUE 5317 SHEN AVNEUE JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3394651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLOOD, MARIE H DO NOT WRITE 5317 SHEN AVE JACKSONVILLE, FL 32205 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be UDDDD00268160 Trust Fund Contribution. Added to Fees 03/18/05-80033-001 150.00 10. OFFICERS AND DIRECTORS TITLE Ð FLOOD, MARIE H NAME 5317 SHEN AVENUE STREET ADDRESS JACKSONVÍLLE, FL 32205 CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 path; 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

904)389-8 700

Daytime Phone #

FILED