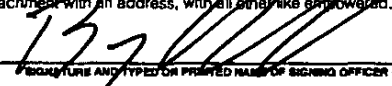


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90118 018 ***150.00

DOCUMENT # P96000085023 1. Entity Name COMMERCIAL REALTY CONSULTANTS, INC.					
Principal Place of Business 9067 INTERNATIONAL DR ORLANDO, FL 32803			Mailing Address 1210 ALTALOMA AVE ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address 1212 Altaloma Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando FL			
Zip	Country	Zip 32803	Country USA	4. FEI Number 59-3404433	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANK, BARRY 1210 ALTALOMA AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Frank Barry Street Address (P.O. Box Number is Not Acceptable) 1212 Altaloma Ave City Orlando FL Zip Code 32803		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, BARRY 1210 ALTALOMA AVE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐ Frank Barry 1212 Altaloma Ave Orlando FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: 			4-18-05 407-256-7105		

66011626



04042005 Chg-P CR2E034 (10/03)