2006 FOR PROFIT CORPORATION ... ANNUAL REPORT

Feb 24, 2006 08:00 AM **DOCUMENT # P97000001857 Secretary of State** 1. Entity Name ASSOCIATED REALTY GROUP OF BREVARD, INC. Principal Place of Business Mailing Address 3200 N WICKHAM RD 3200 N WICKHAM RD **SUITE 3** SUITE 3 MELBOURNE, FL 32935 MELBOURNE, FL 32935 US 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3422680 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MYERS, NORMA J DO NOT WRITE 3400 LONG LEAF DR. MELBOURNE, FL 32940 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOWIN FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MYERS, NORMA J NAME U00000446**861** STREET ADDRESS 3400 LONG LEAF DR ນ3/0ິ8/0ິຣິ-ຮູບໍ່ບໍ່ສູ້**ບໍ່-02**3 **150.00** CITY-ST-ZIP MELBOURNE, FL 32940 NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 it 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma J. Myen Provident Norma J. Myers February 22,2000

NAME STREET ADDRESS CITY-ST-ZIP