


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90248 035 \*\*\*158.75

DOCUMENT # P97000015933			
1. Entity Name H & R REALTY, INC.			
Principal Place of Business 11565 SE HWY C25 OCKLAWAHA, FL 32179 US		Mailing Address 107-30-126 ST RICHMOND HILL, QUEENS, NY 11419 US	
2. Principal Place of Business		3. Mailing Address 11660 S.E. C.R. 464	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OCKLAWAHA, FL	
Zip	Country	Zip	Country
32179	USA	32179	USA
4. FEI Number 91-1774799		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMNARINE, RAMDAT 11565 SE HWY C25 OCKLAWAHA, FL 32179		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMDAT, RAMNARINE	NAME	
STREET ADDRESS	11565 SE HWY C25	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANNARINE, HELEN F	NAME	
STREET ADDRESS	11565 SE HWY C25	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMMARINE, JULIE	NAME	
STREET ADDRESS	11565 SE HWY C25	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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 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: <i>Ramdat Ramnarine</i>		1/13/06 1-917-709-6507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	