2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 27, 2006 08:00 AM DOCUMENT # P97000025031 **Secretary of State** 1. Entity Name VILLAGE REALTY GROUP, INC. Principal Place of Business Mailing Address 580 VILLAGE BLVD 580 VILLAGE BLVD SUITE 150 WEST PALM BEACH FL 33409 SUITE 150 WEST PALM BEACH FL 33409 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied Fr City & State City & State 4. FEI Number 65-0738079 Not Applie: Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERRY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 580 VILLAGE BLVD. SUITE 150 WEST PALM BEACH FL 33409 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 accuracy 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 remstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to For Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Advi TITLE HILE Delete DAME NAME BERRY, MICHAEL U00000449926 STREET ADDRESS STREET ADDRESS 03/09/06-80074-011 150.00 580 VILLAGE BLVD, STE 150 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE Delete TITLE ☐ Change D Air MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP ☐ Change URF mu Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Detete Tar E Change □ Add* MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DHE TT Change □ Aú TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CATY - ST - ZIP 7711.E Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is 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 directly of the conforation or true rejeiver or trustee empowered reference this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changes, or on an appears with all other like empowered.

2/23/06

561-616-92

FILED