AUG/08/2006/TUE 01:21 PM

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Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90041 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000037072

1. Entity Name
B & D REALTY, INC.

40101413

08082006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1860 N PINE ISLAND RD. STE. 110 PLANTATION, FL 33322	1860 N PINE ISLAND RD. STE. 110 PLANTATION, FL 33322
2. Principal Place of Business: 4373 N. Pine Island Rd.	3. Mailing Address: 4373 N. Pine Island Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL.	City & State: Plantation, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 65-0839071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TENZER, BARBARA 9448 SW 46CT SUNRISE, FL 33351	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: X Barbara Tenzer 8/8/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TENZER, BARBARA A	NAME	
STREET ADDRESS	9448 N.W. 46 CT.	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: X B. Tenzer 8/8/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #