
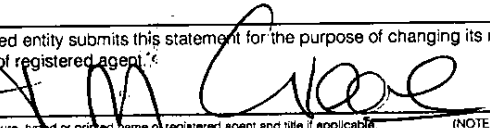
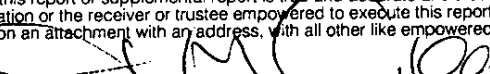


FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90121 049 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000046185			
1. Entity Name GREENE INTERNATIONAL REAL ESTATE INC			
Principal Place of Business 5604 N ATLANTIC AVENUE COCOA BEACH, FL 32931		Mailing Address 5604 N ATLANTIC AVE COCOA BEACH, FL 32931 US	
2. Principal Place of Business 6500 N. Atlantic Avenue Suite, Apt. #, etc. Ste. C City & State Cape Canaveral, Florida Zip 32920 Country USA		3. Mailing Address 6500 N. Atlantic Avenue Suite, Apt. #, etc. Ste. C City & State Cape Canaveral, Florida Zip 32920 Country USA	
6. Name and Address of Current Registered Agent GREENE, JANICE 5604 N ATLANTIC AVE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name GREENE, JANICE Street Address (P.O. Box Number is Not Acceptable) 6500 N. Atlantic Ave., Ste. C City Cape Canaveral FL Zip Code 32920	
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			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT GREENE, MARTIN 5604 N ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GREENE, MARTIN 6500 N. Atlantic Ave., Ste. C Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GREENE, JANICE M 5604 N ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GREENE, JANICE 6500 N. Atlantic Ave., Ste. C Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 		2/22/06 (321) 799-0799	