2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2005 8:00 am Secretary of State DOCUMENT # P98000059871 1. Entity Name 04-06-2005 90126 038 ***150.00 MISTY REALTY, INC. Principal Place of Business Mailing Address 450 MARINER DRIVE 450 MARINER DRIVE ouu34263 JUPITER, FL 33477 JUPITER, FL. 33477. 03282005 Chq-P CR2E034 (10/03) 1002 4. FEI Number Applied For 65-0850436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent STONE, DANIEL -450 MARINER DR Street Ad JUPITER, FL 33477 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) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change TITLE STONE, DANIEL NAME 450 MARINER DRIVE 201 SNALOSSUS AVE Apr 1002 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP WPAUM Beach, FL TITLE ☐ Delete TITLE ☐ Addition STONE, SUSAN NAME NAME 201 SHARUSSUS ALE APT 1002 STREET ADDRESS **450 MARINER DRIVE** STREET ADDRESS JUPITER, FL 33477 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 Defete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this report or supplemental report is frue 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. changed, or on an attachment with an address SIGNATURE: ING OFFICER OR DIRECTOR

FILED