
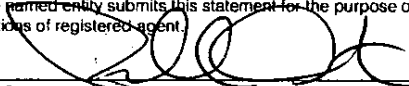



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90203 046 \*\*\*158.75

<b>DOCUMENT # P99000052330</b> 1. Entity Name <b>THE DANTON GROUP REAL ESTATE COMPANY</b>																									
Principal Place of Business <b>350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480</b>			Mailing Address <b>350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480</b>																						
2. Principal Place of Business <b>225 SOUTH OLIVE AVE.</b>		3. Mailing Address <b>225 SOUTH OLIVE AVE.</b>																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																							
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>65-3507508</b>																					
Zip <b>33401</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																							
6. Name and Address of Current Registered Agent  <b>DANTON, RICHARD 350 SOUTH COUNTY ROAD SUITE 201 PALM BEACH, FL 33480</b>			7. Name and Address of Now Registered Agent Name <b>DANTON, RICHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 SOUTH OLIVE AVENUE</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b>																						
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  <b>RICHARD DANTON</b> <b>1-11-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PS DAWTON, RICHARD</b></td> <td><b>350 SO COUNTY RD</b></td> <td><b>PALM BEACH, FL 33480</b></td> <td style="text-align: right;"><b>SAME AS ABOVE</b></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>PS DAWTON, RICHARD</b>	<b>350 SO COUNTY RD</b>	<b>PALM BEACH, FL 33480</b>	<b>SAME AS ABOVE</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>DANTON, RICHARD</b></td> <td><b>225 SOUTH OLIVE AVENUE</b></td> <td><b>WEST PALM BEACH, FL 33401</b></td> <td style="text-align: right;"><b>Change</b></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		<b>DANTON, RICHARD</b>	<b>225 SOUTH OLIVE AVENUE</b>	<b>WEST PALM BEACH, FL 33401</b>	<b>Change</b>
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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: 			<b>1-11-06 561-802-4220</b>																						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																						