## **2007 FOR PROFIT CORPORATION**

## May 01, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P99000052330** THE DANTON GROUP REAL ESTATE COMPANY Principal Place of Business Mailing Address 225 SOUTH DRIVE AVE 225 SOUTH DRIVE AVE WEST PALM BEACH, FL 33401 SUITE 201 WEST PALM BEACH, FL 33401 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-3507508 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANTON, RICHARD DO NOT WRITE 225 SOUTH DRIVE AVENUE WEST PALM BEACH, FL 33401 IN THIS SPACE is 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 8. The above named entity submits th the obligations of registe (NOTE; Registered Agent signature required when reinstating) gent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DANTON, RICHARD STREET ADDRESS 225 SOUTH DRIVE AVENUE U00000752218 CITY-ST-ZIP WEST PALM BEACH, FL 33401 05/21/07-80007-019 158.7\$ TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 frustee 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:

CiTY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

**FILED**