2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM DOCUMENT #·S34+52 Secretary of State 1. Entity Name BY OWNER REALTY NETWORK REFERRAL SERVICE, INC. Mailing Address Principal Place of Business 1826 N. DIXIE HIGHWAY LAKE WORTH FL 33462 P.O. BOX 6228 LAKE WORTH FL 33466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. II, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0246183 Not Applicabl Country Country \$8.75 Additional Zιp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSAN D. CHANCEY Street Address (P.D. Box Number is Not Acceptable) 1826 N. DIXIE HIGHWAY LAKE WORTH FL 33460 Zip Code City 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 UALE Signature, typ=d or printed name of registered agent and title if applicable (NOTE Registered Agent signature in quired when remislating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 6 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 to. 77. ☐ Change ☐ Add 1 Delete TITLE TITLE CHANCEY, SUSAN D. NAME NAME U00000448336 03/09/06-80005-024 150.00 STREET ADDRESS 408 CHEYENNE DRIVE STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF LANTANA FL [∏A∵ ☐ Delete Change. TITLE TITLE NAME 224343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y - ST - Z1P ☐ Change ☐ A 6 TRUE D Octete THEE NAME MAME STREET ADDRESS STREET ACCRESS DIFY-S1-ZIP CITY-SI-ZIP □ A: TITLE Defete Change THE NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZiP CITY-ST-ZIP ☐ Change A.i. ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Defete Change ☐ Admic me NAME STREE! AUDITESS STREET ADDRESS DITY-ST-ZIP CITY-SI-78 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly that 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

FILED

SIGNATURE: SUSSEX Charcey Susan D. Chancey, President 2/24/06 Octy1000 Phone 1

if changed, or on an attachment with an address, with all other like empowered.