2006 FOR PROFIT CORPORATION -- ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # S54385 1. Entity Name 05-01-2006 90301 022 ***150.00 J DANIEL REALTY, INC. Principal Place of Business Mailing Address 2393 NW 59TH ST BOCA RATON FL 33496 2393 NW 59TH ST **BOCA RATON FL 33496** 2. Principal Place of Business #5665 NE T 3. Mailing Address RIESTE WAY 5665 HE TRIESTE WAY 1st MOORE CR2E034 (10/05) Applied For A RATON 4. FEI Number 31-1325929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Address of Current Registered Agent METSCH, BURTON 2393 NW 59TH ST **BOCA RATON FL 33496** 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. the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 10. Same TITLE ☐ Delete TITLE Addition TRIESTE NAME METSCH, BURTON NAME 5665 NE TRIESFEWAY STREET ADORESS STREET ADDRESS 2393 NW 59TH ST CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME METSCH, BARBARA NAME STREET ADDRESS 2393 NW 59TH ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY - ST- ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 director of the corporation or the receiver of 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 yittflan address. With all other like empowered.

FILED