

**FILED**  
**Mar 15, 2006 08:00 A**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V07913

1. Entity Name  
AJS REALTY GROUP, INC.



Principal Place of Business  
2930 IMMOKALEE RD  
STE 4  
NAPLES, FL 34110 US

Mailing Address  
2930 IMMOKALEE RD  
STE 4  
NAPLES, FL 34110 US



02092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0307131

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALUAN, ANDREW J.  
2930 IMMOKALEE RD  
STE 4  
NAPLES, FL 34110

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

1100000467963  
03/24/06-80012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALUAN, ANDREW J.
STREET ADDRESS	2930 IMMOKALEE RD STE 4
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Saluan

3/13/06

Date

Daytime Phone #

239-596-9500