2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 13, 2005 08:00 AM DOCUMENT # V10275 **Secretary of State** WESTON REAL ESTATE INVESTMENT CORP. Principal Place of Business Mailing Address 4760 N US 1 PO BOX 410009 STE 201 HONEYBROOK CENTRE MELBOURNE, FL 32941 US MELBOURNE, FL 32935 US CR2E034 (10/03) 03222005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3178586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENONI, JOHN DO NOT WRITE 758 GLENGARRY DR MELBOURNE, FL 32748 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 Signature, typed or printed name of registered against and sitle if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GENONI, JOHN NAME STREET ADDRESS 758 GLENGARRY DR CITY-ST-ZIP MELBOURNE, FL. 32740 U00000302359 04/13/05-80067-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP T171 F NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other life empowered.

Date

Davrime Phone #

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: