## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27736

Entity Name: FLYING DOVE REALTY, INC.

FILED Jul 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1790 HIGHWAY A1A SATELLITE BEACH, FL 32937

**Current Mailing Address: New Mailing Address:** 

1790 HIGHWAY A1A 1790 HIGHWAY A1A STE 106 SATELLITE BEACH, FL 32937

SATELLITE BEACH, FL 32937

FEI Number: 59-3117788 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTIELLO, GIUSEPPE 1790 A1A #107-108 SATELLITE BEACH, FL 32937

US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

FARELLA, SAM, Name: Name: FARELLA, SAM 525 WEST STREET 525 WEST STREET Address: Address: City-St-Zip: NEW YORK CITY, NY City-St-Zip: NEW YORK CITY, NY

Title: VD Title: VD () Delete (X) Change ( ) Addition

MATTIELLO, JOHN, MATTIELLO, JOHN Name: Name: 14 BARBARA CT 14 BARBARA CT Address: Address: SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition SD SD

MATTIELLO, FRANCES, Name: MATTIELLO, FRANCES Name:

14 BARBARA CT 14 BARBARA CT Address: Address:

City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM FARELLA PD 07/28/2005