2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # V29002 01-26-2006 90046 021 ***150.00 1. Entity Name PARISI REALTY, INC. Principal Place of Business Mailing Address 1610 N POWERLINE RD 1610 N POWERLINE RD POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0418340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWEND, LOUISE DO NOT WRITE 1610 N. POWERLINE RD. POMPANO BEACH, FL 33069 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, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD LEWEND, LOUISE NAME STREET ADDRESS 1610 N POWERLINE RD CITY-ST-ZIP POMPANO BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 26, 2006 8:00 am