

## Agent Multi-Picture Detail Sheet


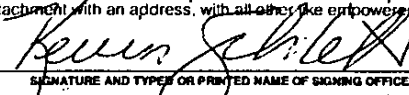
**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 034 \*\*\*158.75

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01232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # V65174</b>			
1. Entity Name <b>BUYER'S ADVANTAGE REAL ESTATE CORPORATION</b>			
Principal Place of Business <b>1175 N COURTENAY PKWY 1B MERRITT ISLAND, FL 32953</b>		Mailing Address <b>1175 N COURTENAY PKWY 1B MERRITT ISLAND, FL 32953</b>	
2. Principal Place of Business <b>250 N. Grove St.</b>		3. Mailing Address <b>250 N. Grove St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Merritt Island, FL</b>		City & State <b>Merritt Island, FL</b>	
Zip <b>32953</b>	Country <b>USA</b>	Zip <b>32953</b>	Country <b>USA</b>
4. FEI Number <b>59-3142140</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KEVIN C SCHLEITH 215 E CRISAFULLI RD MERRITT ISLAND, FL 32953</b>		7. Name and Address of New Registered Agent Name <b>Kevin C. Schleith</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 E. Crisafulli Road</b> City <b>Merritt Island</b> FL Zip Code <b>32953</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KEVIN SCHLEITH 1175 N COURTENAY PKWY 1B MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kevin Schleith 250 N. Grove Street Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 the empowered.			
SIGNATURE: 		Date <b>1/23/05</b> Daytime Phone # <b>321-452-2030</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			