2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # J72168 1. Entity Name 02-17-2006 90080 039 ***150.00 MANTRA REALTY CORP. Principal Place of Business Mailing Address 2715 SPANISH RIVER ROAD 2715 SPANISH RIVER ROAD BOCA RATON FL 33432 **BOCA RATON FL 33432** MANTRA 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-2819687 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, ZEŁMA Street Address (P.O. Box Number is Not Acceptable) 2715 SPANISH RIVER ROAD **BOCA RATON FL 33432** Zip Code 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 agent and title if applicable DATE (NOTE: Registered Agent signature required when ministaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition THE PD Delete NAME SCHWARTZ, FRED NAME. STREET ADDRESS 2715 SPANISH RIVER ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP Addition THE STD Delete SCHWARTZ, DOUGLAS 2410 HALYARD DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP MERRICK NY 11566 Delete TITLE THU NAME NAME SCHWARTZ, SUSAN STREET ADDRESS STREET ADDRESS 17992 FOXBOROUGH LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information