2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 409474

Entity Name: BERT RODGERS SCHOOLS OF REAL ESTATE INC.

Current Principal Place of Business:

1855 PORTER LAKE DR
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4708
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 59-1413713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODGERS, LORI J
1855 PORTER LAKE DR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: RODGERS, LORI J
Address: 7742 SILVER BELL DR
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete
Name: GIFFARD, WILLIAM
Address: 7742 SILVER BELL DR
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: HARNER, ROBERT T
Address: 2086 OLD TREVOR WAY
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: HARNER, ALISON M
Address: 2086 OLD TREVOR WAY
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: PULONE, AARON
Address: 5339 DESOTO PKWY
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: RODGERS-GIFFARD, LORI J
Address: 7742 SILVER BELL DR
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORI RODGERS-GIFFAD PTSD 01/22/2008

Electronic Signature of Signing Officer or Director Date