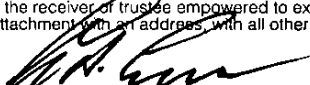


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 418658 1. Entity Name REAL ESTATE SERVICES OF NORTH FLORIDA, INC.			FILED 07 APR 26 AM 9:18 TREASURY OF STATE TALLAHASSEE, FLORIDA  04162007 No Chg-P CR2E034 (11/05)
Principal Place of Business 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 US		Mailing Address 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BROWN, GENE D 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		900101348939 05/03/07--01014--003 **150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PSD		
NAME	BROWN, GENE D		
STREET ADDRESS	3200 COMMONWEALTH BLVD		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  4-18-07 (850) 168-6103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #