


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F0000002223

1. Entity Name
 REALTY ASSOCIATES IOWA CORPORATION



Principal Place of Business
 C/O TA ASSOCIATES REALTY
 28 STATE STREET, 10TH FLOOR
 BOSTON, MA 02109

Mailing Address
 C/O TA ASSOCIATES REALTY
 28 STATE STREET, 10TH FLOOR
 BOSTON, MA 02109

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
 04-3433125

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000851374
 03/25/08-80038-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD RUANE, MICHAEL A 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS EGAN, RICHARD G JR 28 STATE STREET 10TH FLOOR BOSTON, MA 02109
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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: Michael Ruane Date: 2/29/08 Daytime Phone #: 017-470-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR