


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90190 003 ***150.00

DOCUMENT # F13190 1. Entity Name NATIONAL REAL ESTATE INVESTMENTS, INC.	
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Principal Place of Business % JOHN MCCULLERS 510 OAKRIDGE BLVD. DAYTONA BEACH, FL 32118-3973 US	Mailing Address % JOHN MCCULLERS 510 OAKRIDGE BLVD. DAYTONA BEACH, FL 32118-3973 US
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40000000



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 3581 Red Barn Lane Suite, Apt. #, etc.
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04232007 Chg-P CR2E034 (12/06)

City & State Ormond Beach FL	4. FEI Number 59-2058610
Zip 32174	Country USA

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent MCCULLERS, JOHN 510 OAKRIDGE BLVD. DAYTONA BEACH, FL 32118-3973	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MCCULLERS, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLERS, JOHN	NAME	
STREET ADDRESS	6 CREEK VIEW WAY	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 32174	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VP, Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, SANDRA	NAME	
STREET ADDRESS	3581 RED BARN LANE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra Ellis* SANDRA ELLIS 4/23/07