2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2007 8:00 am Secretary of State DOCUMENT # J22293 1. Entity Name 05-09-2007 90105 011 ***150.00 USA TODAY REALTY, INC. Principal Place of Business Mailing Address 3300 SW 14TH PLACE, UNIT 3 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 33426-9034 US BOYNTON BEACH, FL 33426-9034 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2695835 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHONE, LARRY T Street Address (P.O. Box Number is Not Acceptable) 151 NW FIRST AVENUE DELRAY BEACH, FL 33444 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change ■ Addition MULLER, RALPH NAME NAME 3300 SW 14TH PLACE, UNIT 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 334269034 CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME MULLER, KEVIN 3300 SW 14TH PLACE, UNIT 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 334269034 CITY-ST-ZIP TITLE ☐ Delete TITLE X Addition NAME NAME Place Uni+3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 of 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. ugton 4-27.07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR