2007 FOR PROFIT CORPORÁTION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR							
DOCUMENT # M72003									
1. Entity Namo)				
BANYAN REALTY, INC.									
Principal Place of Business Mailing Address									
4606 CLYDE MORRIS BLVD.		4606 CLYDE MORRIS BLVD.							
SUITE 1-G PORT ORANGE FL 32129		SUITE 1-G PORT ORANGE FL 32129							
						 			
2. Principal Place of Business - No P O. Box #		3. Mailing Address							
Suito, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/06)				
City & State		City & State		4. FEI Numi	⁵⁹⁻²⁸⁸⁰³	15	<u> </u>	plied For Applicable	
Zip	Country Z ₁ p		Count	ry	5. Certificat	e of Status Dosirod		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent					7. Name an	d Address of New	Registered A	gent	_
LEUZINGER, PAMELA				Namo					
460	6 CLYDE MORRIS BLVD.	Street Address ((P.O. Box Num	P.O. Box Numbor is Not Acceptable)			
	TE 1-G RT ORANGE FL 32129	<u> </u>							
TOTAL TE SETES				City				Zıp Code	e
9 The shows	named entity submits this statement for		orad agant as h	olh in the State of I	FL.	[amiliar with	and accord		
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 proded name of registered injent and fille inapplicable. (NOTE Registered Againt signature required when reinstature) DATE									
FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be									
After Make Check	May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of	State					ontribution.		ed to Fees
10.	DIRECTORS	I 17.			 S/CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
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NAMI	LEUZINGER, PAMELA K.	1121		ļ		Hacaa	00000		
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NAME		LI Delete	NAME					vnanyc	- Addition
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12. Thereby o	cortify that the information supplied with	this filing does not qualify fo	r the exe	emptions contain	ad in Section 1	Florida Statutos	. I further cort	ify that the i	nformation

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March -6-07 386-760-0879