


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # M72003</b> 1. Entity Name <b>BANYAN REALTY, INC.</b>	
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Principal Place of Business <b>4606 CLYDE MORRIS BLVD. SUITE 1-G PORT ORANGE FL 32129</b>	Mailing Address <b>4606 CLYDE MORRIS BLVD. SUITE 1-G PORT ORANGE FL 32129</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>59-2880315</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>LEUZINGER, PAMELA 4606 CLYDE MORRIS BLVD. SUITE 1-G PORT ORANGE FL 32129</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEUZINGER, PAMELA K.			NAME			
STREET ADDRESS	4606 CLYDE MORRIS BLVD. STE 1-G			STREET ADDRESS			
CITY-STATE-ZIP	PORT ORANGE FL 32129			CITY-STATE-ZIP			

U00000663712  
03/22/07-80015-014 150.00

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 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:  March-6-07 386-760-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #