FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90194 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005946

1. Entity Name
ADAGIO REALTY, INC.

Lynn Haven, FL 32444
66001083

01122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2421 CO. HWY. 30-A SANTA ROSA BEACH, FL 32459	2100 COUNTRY CLUB DR LYNN HAVEN, FL 32444

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. 1214	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Santa Rosa Beach	
City & State		City & State Florida	
Zip	Country	Zip 32459	Country US

4. FEI Number 51-0443234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, MARILYN M
~~2421 CO. HWY 30-A~~ P.O. Box 1214
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name Marilyn M. Tew
Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 1214~~
City ~~Santa Rosa Bch~~ FL Zip Code ~~32444~~

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEW, MARILYN M 2100 COUNTRY CLUB DR LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Marilyn M. Tew 1/12/07 850-622-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #