

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058539

Entity Name: 1 2 3 HOME REALTY, INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

12735 SW 110TH TERR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

PO BOX 144415
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANES, KIRT
10850 SW 113TH PL.,
SUITE 120
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: SWANES, KIRT
Address: 10850 SW 113TH PL., SUITE 120
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: CHAPARRO, EVA I
Address: 10850 SW 113TH PL SUITE 120
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRT A SWANES

PR

05/02/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date