
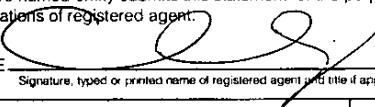
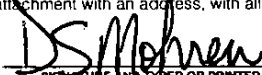


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90019 048 ***150.00

DOCUMENT # P05000154336			
1. Entity Name SEVEN OAKS REALTY GROUP, INC.			
Principal Place of Business 27737 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543		Mailing Address 27737 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543	
2. Principal Place of Business - No P.O. Box # 8903 REGENTS PARK DR.		3. Mailing Address 8903 REGENTS PARK DR.	
Suite, Apt. #, etc. STE 120		Suite, Apt. #, etc. STE 120	
City & State TAMPA, FL		City & State TAMPA, FL	
4. FEI Number 20-4218073	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CURRAN K PORTO, P.A. 1103 MARBELLA PLAZA DR TAMPA, FL 33619		7. Name and Address of New Registered Agent Name CHARLES S. SPINNER, JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 8907 REGENTS PARK DRIVE City TAMPA FL Zip 33647	
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  DATE 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ELLIS, JEFFREY B 10640 N 56TH ST TEMPLE TERRACE, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID S. MOHREN 27737 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DAVID S. MOHREN		Date	2-20-07 813-343-6177