


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000158589**

1. Entity Name  
**NRE INVESTMENTS INC**



Principal Place of Business <b>2545 EAST SUNRISE BLVD          #264          FT LAUDERDALE, FL 33304</b>	Mailing Address <b>2545 EAST SUNRISE BLVD          #264          FT LAUDERDALE, FL 33304</b>
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04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**POOLE, DONALD  
 2106 NE 32ND AVE  
 FT LAUDERDALE, FL 33305**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES POOLE, DONALD 2106 NE 32ND AVE FT LAUDERDALE, FL 33305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VALDES, MARY ANN 2106 NE 32ND AVE FT LAUDERDALE, FL 33305</b>
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 05/07/07-80002-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Donald Poole* **4/18/07** **954.678.3817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #