

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037551

Entity Name: 20799 REALTY, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431

New Mailing Address:

20807 BOCA RIDGE DRIVE N
BOCA RATON, FL 33428

FEI Number: 26-4453640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN LAPAYOWKER, LLP
2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MCELHERAN, MICHAEL
Address: 20807 BOCA RIDGE DRIVE N
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Change (X) Addition
Name: HILLER, KIM
Address: 20807 BOCA RIDGE DRIVE N
City-St-Zip: BOCA RATON, FL 33428

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: KIM HILLER

VP

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date