

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067883

FILED
Apr 11, 2008
Secretary of State

Entity Name: NORTH FT. PIERCE REALTY CORP.

Current Principal Place of Business:

701 US HWY ON E
SUITE 402
N PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

701 US HWY ONE
SUITE 402
NO PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0610505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAWRENCE W ESQUIRE
701 US HWY ONE SUITE 402
STE. 101
NO PALM BEACH, FL 33408 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: PSTD () Delete
Name: STALUPPI, JOHN
Address: 701 U.S. HGWY. ONE, STE. 402
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: SMITH, LAWRENCE W
Address: 701 US HIGHWAY ONE, SUITE 402
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: SMITH, JOAN M
Address: 701 US HIGHWAY ONE, SUITE 402
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN STALUPPI

PTSD

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date