2008 FOR PROFIT CORPORATION

FILED ate

ANNUAL REPORT					Feb 18, 2008 08:00		
1. Entity Nar	MENT # P960000464 REALTY, INC.	95			S	ecretary of Sta	
861 W MOR Suite 250	ce of Business SE BLVD RK, FL 32789	Mailing Address PO BOX 940658 MAITLAND, FL 32795-0658				* 88#1 4/4/8 #111 #12#4 #11#1 #11#4#1 1 #18#1	
DO NOT WRITE IN THIS SPA			CE	01082008 4. FEI Numi 59-33	01082008 No Chg-P CR2E034 (11/05) 4. FEI Number		
BROWN, DON L 533 VERSAILES DR SUITE 102 MAITLAND, FL 32751			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 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution. Adde		\$5.00 May Be Added to Fees			
10. IITLE MAME SIREE ADDRESS CITY-SI-ZIP IITLE MAME SIREE ADDRESS CITY-SI-ZIP IITLE MAME SIREET ADDRESS CITY-SI-ZIP IITLE MAME SIREET ADDRESS CITY-SI-ZIP IITLE NAME SIREET ADDRESS CITY-SI-ZIP IITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIR D GREENE, SHELDON 861 MORSE BLVD., SUITE 250 WINTER PARK, FL 32789	ECTORS			000000 02/26/08- NOT W THIS SP	}	

12. Thereby certify that the information supplied with this filling 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.

MAIN STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-647-5111

Daytime Phone #