2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P99000010608 1. Entity Name FLORIDA REALTY & AUCTION GROUP, INC. Principal Place of Business Mailing Address 1225 W SMITH ST 1225 W SMITH ST ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0893350 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPIEGEL & UTRERA, P.A. Stroot Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. THE ☐ Delete Change TITLE DORRIS, MARIE A NAME NAME **12225 W SMITH ST** STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-7/P CITY-ST-7IP TITLE Delete HILE, Change Addition U00000745637 NAME NAM! 05/16/07-80036-008 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🔲 Delete 🕌 HILE Change - Chadrinon NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7(P CITY-ST-ZIP THE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE Delete Addition ☐ Change NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supptied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTS OF SIGNING OFFICER OF DIRECTOR