2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2008 8:00 am **Secretary of State** DOCUMENT # P95000097285 1. Entity Name 03-03-2008 90184 025 ***150.00 ROMANACH REALTY, INC. Principal Place of Business Mailing Address 4<u>5 U.</u> V 7345 SAND LAKE RD 7345 SAND LAKE RD SUITE 314 SUITE 314 ORLANDO, FL 32819 ORLANDO, FL 32819 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 73 45 Sand Lake Ka 7345 Sand LaKr Kd Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 CR2E034 (12/06) Chg-P Suite 220 Suite 220 City & State City & State 4. FEI Number Applied For Orlando Drlando 59-3354275 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32819 ÚS 32 819 115 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMANACH, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 10020 N FULTON CT ORLANDO, FL 32836 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROMANACH, FRANCISCO NAME NAME STREET ADDRESS 10020 N FULTON CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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

President 2/27/08

FILED