2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 104465

1. Entity Name WEISS REALTY CORPORATION



Principal Place of Business

C/O ROBERT O: MURREEL 1 N ROSALIND AVE ORLANDO, FL 32801

Mailing Address

-C/O ROBERT C. MURRELL 1 N ROSALIND AVE ORLANDO, FL 32801

FILED May 11, 2007 8:00 am Secretary of State

05-11-2007 90033 008 ***150.00

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03142007

No Chq-P

CR2E034 (11/05)

4. FEI Number 59-0908805

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRELL, ROBERT G ONE NORTH ROSALIND AVENUE ORLANDO, FL 32801

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)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRELL, M.L. 1 N ROSALIND AVE ORLANDO, FL 00000,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MURRELL, ROBERT G 1 N ROSALIND AVE ORLANDO, FL 00000,	i de la companya de l					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS			S. S.	IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 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 to the receiver of the composition of the receiver of 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 to execute this report as required by Chapter 607. Florida Statutes, I further certify that I the information indicated on this report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, I further certify that I the information indicated on this report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, I further certify that I the information indicated on this report or trustee 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 of trustee 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 of the receiver of trustee 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 of the receiver							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR