



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 343651		
1. Entity Name ED BAJALIA REALTY, INC.		

Principal Place of Business 1260 S MCDUFF AVE SUITE A JACKSONVILLE, FL 32205 US	Mailing Address 1260 S MCDUFF AVE SUITE A JACKSONVILLE, FL 32205 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <i>Same</i>	Suite, Apt. #, etc. <i>Same</i>
City & State	City & State
Zip <i>32205</i> Country <i>FLORIDA</i>	Zip Country

**FILED**  
07 JAN 23 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

	
61112007 Chg-P	CR2E034 (12/06)
4. FEI Number 59-1235483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLALOCK, HOLBROOK & AKEL P.A. 2305 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity has 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	(NOTE: Registered Agent signature required when reinstating)
SIGNATURE <i>(Signature)</i>	DATE <i>4/19/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAJALIA, AUDI G 1006 ORIENTAL GRNS RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200087605532 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/08/07--01001--021 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAJALIA, HUDA ANNE 1006 ORIENTAL GRNS RD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <i>(Signature)</i>	Date <i>1/19/07</i> Daytime Phone #