2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 08:00 AM **DOCUMENT # 356217** 1. Entity Namo **Secretary of State** KEN LIGHTFOOT REALTY, INC. Principal Place of Business Mailing Address 2802 N. HOWARD AVE. 2802 N. HOWARD AVE. **TAMPA FL 33607 TAMPA FL 33607** 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 59-1287734 Not Applicable Zip 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 LIGHTFOOT, OMAR K JR 2802 N HOWARD AVE Street Address (P.O. Box Number is Not Acceptable) STE A TAMPA, FL FL 33607 City Zip Code 8. The above named ontity submits this statement for the purpose of changing its 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 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THEE. Delete mur Change Addition LIGHTFOOT, OMAR K JR NAME U00000663356 03/22/07-80025-001 158.75 2802 N HOWARD AVE SUITE A STREET ADDRESS STREET AODRESS **TAMPA FL 33607** CITY-SI-7IP CHY-S1-7IP HILE ☐ Delete HILL ☐ Change ☐ Add lion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE ☐ Delete TOTLE 📋 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7(P TITLE ☐ Delete Change | Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete IIIII' Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP ШЩ: Delete IIIIF Change Addition NAMI' NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

I hereby certify that the information supplied 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 each; 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.

SMAPLE LIGHTERT THE CONTROL (8/3) 251-32222

GNATURE: MARCH 7 2007 (8/3) 251-32222

FILED