

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 361433

Entity Name: KAPUS REALTY INC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

442 MAGNOLIA AVE  
#11  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

442 MAGNOLIA AVE  
#11  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 59-1162583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINNEY, PHILLIP W.  
436 MAGNOLIA AVENUE  
MERRITT ISLAND, FL 32952      US

**Name and Address of New Registered Agent:**

FINNEY, PHILLIP W PRES  
436 MAGNOLIA AVENUE  
MERRITT ISLAND, FL 32952      US

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.

SIGNATURE: PHILLIP W. FINNEY

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: FINNEY, WALLACE L,  
Address: 451 A MAGNOLIA AVE  
City-St-Zip: MERRITT ISLAND, FL

Title: PST      ( ) Delete  
Name: FINNEY, PHILLIP W.,  
Address: 436 MAGNOLIA AVENUE  
City-St-Zip: MERRITT ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD      (X) Change ( ) Addition  
Name: FINNEY, WALLACE L VD  
Address: 451 A MAGNOLIA AVE  
City-St-Zip: MERRITT ISLAND, FL

Title: PST      (X) Change ( ) Addition  
Name: FINNEY, PHILLIP W PST  
Address: 436 MAGNOLIA AVENUE  
City-St-Zip: MERRITT ISLAND, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP W. FINNEY

PST

04/29/2008

Electronic Signature of Signing Officer or Director

Date