2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 08:00 AN Secretary of State **DOCUMENT # 438562** 1. Entity Name EPOCH REALTY, INC. Principal Place of Business Mailing Address 359 CAROLINA AVENUE, B 359 CAROLINA AVENUE, B WINTER PARK, FL 32789 WINTER PARK, FL 32789 01082008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-1488024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DOWNING, GRANT T DO NOT WRITE GODBOLD, DOWNING, SHEAN & BILL, PA 222 W COMSTOCK AVE S #101 IN THIS SPACE WINTER PARK, FL 32789 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, typed or printed name of registered agent and bite it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME JACOBY, GREG 359 CAROLINA AVE STREET ADDRESS CITY-\$1-ZIP WINTER PARK, FL 00000, · U00000793385 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

/11/08 407-644-90 Date Dayume Phone #

FILED