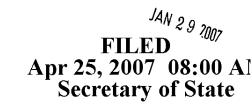
**2007 FOR PROFIT CORPORATION** 

**ANNUAL REPORT (AR)** 



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1. Entity Nan	MENT # 451682 65 REALTY, INC.			Apr 25, 2007 08:00 Secretary of Stat
3181 SOUT	ce of Business "H MILITARY TRAIL ITH FL 33463-2101	Mailing Address 3181 SOUTH MILITAR LAKE WORTH FL 3346	Y TRAIL 63-2101	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc		1st MOORE CR2E034 (10/06)
City & Stat	de	City & State		4. FE! Number 59-1556353 Applied For Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ALVAROE,JOHN V. 3181 SOUTH MILITARY TRAIL LAKE WORTH FL 33463			Name Street Add	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named ontity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.		registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept a required when reinstains)
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAROE, JOHN V. 3181 S MILITARY TRAIL LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-71P	□ Change □ Addition U00000730820 05/08/07-80095-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-71P		☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP	☐ Change _ ☐ Additron
TITLE NAME STREEL ADDRESS CITY - ST-ZIP		☐ Delete	HITE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ Delete	FITLE NAML STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
TITLE NAME.		☐ Delele	TITLE:	☐ Change ☐ Addition

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

561-968-666 Daytime Phone !