## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 08:00 AM Secretary of State **DOCUMENT # 482475** 1. Entity Name FIRST REALTY ADVISORS, INC. Principal Place of Business Mailing Address 125 A EAST MARKS ST. 125 A EAST MARKS ST. ORLANDO, FL 32803 US ORLANDO, FL 32803-3816 US CR2E034 (11/05) 04132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1613468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOSSERMAN, RICHARD E. DO NOT WRITE 125 A EAST MARKS ST. ORLANDO, FL 32808 IN THIS SPACE 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 \_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE <del>ႮჽႮႮႮႮ</del>ჅႨႮჽႨჃ 9. Election Campaign Financing 04/25/07-80047-006 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE BOSSERMAN, RICHARD E. NAME STREET ADDRESS 1701 SPRING LAKE DR CITY-ST-ZIP ORLANDO FL., SD TITLE NAME BOSSERMAN, NANCY H. 1701 SPRING LAKE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DISECTOR

KHAMO E. BOSSCHMAN april 13

Daytima Phona #

407/423.7700

FILED