## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 08:00 AN Secretary of State

	71110761	<del>10. 0.1.</del>		_	-1-	,	CC
DOCUMENT # 570472  1. Entity Name				Secretary of Sta			
	M REALTY SALES INC.						
Principal Place	e of Business	Mailing Address					
P.O. BOX 3017 HUNTINGTON STATION, NY 11746 P.O. BOX 3017 HUNTINGTON STATION, NY 1			1746				
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	O NOT MOTE	N TIUC CDA	· , , ,	04072008	No Chg-P	CR2E034 (11	/05)
ט	O NOT WRITE	N IHIS SPA	CE	4. FEI Number 13-3002	043		Applied For Not Applicable
		· · · · · · · · · · · · · · · · · · ·		5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current Reg	istered Agent			. с		,
XL CORPORATE SERVICES, INC. C/O THOMAS L. LAGER 216 WEST COLLEGE AVE. TALLAHASSEE, FL 32302			4		NOT WR		. 1
			Ç.,*				
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	red office or registe	red agent, or both,	in the State of Florida	a. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and t	tle if applicable (NOTE, Registeri	ed Agent signature require	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution				.00 May Be ded to Fees	<u>. 0</u> 00000		
10.	OFFICERS AND DIF	ECTORS	-		0,47/28/08-6	50015-00	3 150.00
NAME STREET ADDRESS CITY-ST-ZIP	CAMARDA, WENDY  13 MCCULOCH DRIVE DIX HILLS, NY					, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO I	NOT WF	RITE	
TITLE NAME STREET ADDRESS		<del> </del>			HIS SPA		
CITY-ST-7IP			-		· · · · · · · · · · · · · · · · · · ·		

by 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 of 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 reporation 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 or on an attachment with an address, with all other like empowered.

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RE: Mensly Camarda Lea

NAME \_\_\_ STREET ADDRESS CITY-ST-ZIP

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4/8/08 Caysme Phone #