2008 FOR PROFIT CORPORATION

Feb 18, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT #618277** 1. Entity Name BRUCE/WILLIAMS REALTY, INC. Principal Place of Business Mailing Address 714 MANATEE AVENUE EAST 714 MANATEE AVENUE EAST BRADENTON, FL 34208 US BRADENTON, FL 34208 US No Chg-P 02122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1908428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASON, PETER DO NOT WRITE 714 MANATEE AVE. EAST BRADENTON, FL 34208 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 reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TVSD WILLIAMS, BRITTON H. NAME STREET ADDRESS 3618 2ND AVE WEST CITY-ST-ZIP BRADENTON, FL 34205 TITLE WILLIAMS, REACE U00000831946 02/27/08-80038-016 158.75 NAME STREET ADDRESS 4956 CREEKSIDE TRAIL CATY-ST-ZIP SARASOTA, FL 34243 TITLE MASON, PETER NAME STREET ADDRESS 1851 OLEANDER ST DO NOT WRITE

IN THIS SPACE

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 propowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

SARASOTA, FL

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Britton H. Williams 2/12/08 (941)748-8834

FILED