2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644541

Entity Name: REAL ESTATE II, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065

104 B

CORAL SPRINGS, FL 33067 US

Current Mailing Address: New Mailing Address:

10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065 US

104 B

CORAL SPRINGS, FL 33067 US

FEI Number: 59-1950079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALOMONE, THOMAS F SALOMONE, THOMAS F 10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. 104 B

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: THOMAS F. SALOMONE 04/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SALOMONE, THOMAS F SALOMONE, THOMAS F Name: Name: 10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. Address: Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33067

Title: Title: (X) Change () Addition () Delete Name: SALOMONE, MATTHEW Name: SALOMONE, MATTHEW A

10240 B WEST SAMPLE ROAD 5491 N. UNIVERSITY DR. Address: Address: CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: THOMAS F. SALOMONE 04/28/2009