


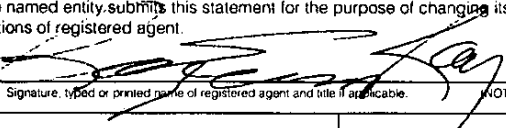
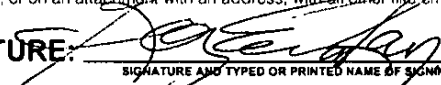
# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90223 002 \*\*\*150.00

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<b>DOCUMENT # 653388</b>					
1. Entity Name ROGER ROY REALTY, INC.					
Principal Place of Business 2700 WEST ATLANTIC BLVD. SUITE 200-8 POMPAÑO BEACH, FL 33069			Mailing Address 2700 WEST ATLANTIC BLVD. SUITE 200-8 POMPAÑO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # <b>4103 Carriage Drive</b>			3. Mailing Address <b>4103 Carriage Drive</b>		
Suite, Apt. #, Etc. <b>H-1</b>			Suite, Apt. #, Etc. <b>H-1</b>		
City & State <b>Pompano Beach, FL</b>			City & State <b>Pompano Beach, FL</b>		
Zip <b>33069</b>	Country <b>US</b>	Zip <b>33069</b>	Country <b>US</b>	4. FEI Number <b>59-2018277</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROY, ROGER</b> 2700 WEST ATLANTIC BLVD, SUITE 200-8 POMPAÑO BEACH, FL 33069				7. Name and Address of New Registered Agent Name <b>Roger Roy</b> <b>4103 Carriage Drive, H-1</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33069</b>	
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 				DATE <b>4/24/07</b>	
NOTE: Registered Agent signature required when reinstating.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROY, ROGER 2700 WEST ATLANTIC BLVD STE 200-8 POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4103 Carriage Drive, H-1 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROY, NICOLE 2700 WEST ATLANTIC BLVD STE 200-8 POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4103 Carriage Drive, H-1 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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: 			Roger Roy, Pres. 4/24/07 (954) 972-7486		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		