2007 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

Feb 28, 2007 8:00 am **Secretary of State** DOCUMENT # F01000001978 1. Entity Name 02-28-2007 90016 018 ***158.75 PEGASUS REALTY GROUP, INC. Principal Place of Business Mailing Address 131 EAST WYNNEWOOD RD 131 EAST WYNNEWOOD RD MERION STATION PA 19066-1626 MERION STATION PA 19066-1626 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 23-2819670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACKOS, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 4548 BRYNWOOD DR NAPLES FL 34119 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete 11111 HIRE ☑ Change ☐ Addition BACKOS, CATHEINE NAME NAME (ADDRESS ONCY) 4548 BRYNWOOD(RD 4548 BRYNWOOD DRIVE STREET ADDRESS STREET ADDIVESS NAPLES FL 34119 NAPLES, FL 34119 CHY ST-ZIP CITY ST ZIP ☐ Defete HHE ☐ Change Addition BACKOS, ANTHONY M NAME NAMI 131 E WYNNEWOOD ROAD STREET ADDRESS STREET ADDRESS MERION STATION PA CHY-S1-7IP CHY SL ZIP 1000 — □ Detate. 1000 ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP HILL Delete 100 ☐ Change Addition STRUET ADDRESS STREET ADDRESS CHY ST-709 CITY ST ZIP Delete Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP HIRE Delete HILE ☐ Change Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 Statutos; 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.

STREET ADDRESS

CITY ST ZIP

SIGNATURE:

STREET ADDRESS

CHY-ST-ZIP

VP

2.19-07

610-664-6053

FILED