2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2008 8:00 am **Secretary of State** DOCUMENT # F01000001978 03-31-2008 90040 028 ***158.75 PEGASUS REALTY GROUP, INC. Principal Place of Business Mailing Address 131 EAST WYNNEWOOD RD MERION STATION PA 19066-1626 131 EAST WYNNEWOOD RD MERION STATION PA 19066-1626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 23-2819670 Not Applicable 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 ANTHONY M. BACKOS BACKOS, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 7413 MELDIN COURT 4548 BRYNWOOD DR NAPLES FL 34119 -INCORRECT ADDRESS Zip Code 341 04 City NAPLES 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. 3-13-08 (NOTE: Recistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. K MISS PELLED TITLE Deiete TITLE CATHERINE A. BACKOS ☐ Addition BACKOS, CATHEINE A NAME NAME GHOULD BE 7413 MELDIN COURT STREET ADDRESS 4548 BRYNWOOD RD STREET ADDRESS CATHERINE A. NAPLES, FL. 34104 NAPLES FL 34119 KINCORRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BACKOS, ANTHONY M STREET ADDRESS 131 E WYNNEWOOD ROAD STREET ADDRESS CITY-ST-ZIP MERION STATION PA CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

610-324-9867