2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003990

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

RIDGELAND, NJ 07450

MCKENNA, CHRISTINA

415 HIGHLAND AVENUE

RIDGELAND, NJ 07450

() Delete

Entity Name: REALTY FINANCIAL CORPORATION

FILED Apr 27, 2007 Secretary of State

Entity Nar	me: REALIY	FINANCIAL CORPORATION					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	SWICK ROAD NR, NJ 07042						
Current Mailing Address:			New Maili	New Mailing Address:			
	SWICK ROAD NR, NJ 07042						
FEI Number: 22-2397142 FEI Number Applied For () F		FEI Number Not App	El Number Not Applicable () Certificate of Status Desired ()		d () to		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
7211 1ST	PAULINE A AVENUE SO SBURG, FL	33707 US					
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent,	or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MGR (MCKENNA, W 12 BRUNSWIO MONTCLAIR, I	CK ROAD	Title: Name: Address: City-St-Zip:	P MCKENNA, V 12 BRUNSW MONTCLAIR			
Title: Name: Address: City-St-Zip:	MGR (MCKENNA, W 415 HIGHLANI RIDGELAND, I	D AVENUE	Title: Name: Address: City-St-Zip:	VP MCKENNA, \ 12 BRUNSW MONTCLAIR			
Title: Name: Address:	MGR (MCKENNA, CA 415 HIGHLAN		Title: Name: Address:	VP MCKENNA, I 12 BRUNSW			

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MONTCLAIR, NJ 07042

MCKENNA, CHRISTINA

12 BRUNSWICK ROAD

MONTCLAIR, NJ 07042

(X) Change () Addition

VΡ

SIGNATURE: WILLIAM L MCKENNA JR P 04/27/2007