2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004575

KAISER, GLEN T

PO DRAWER 1018

GULF SHORES, AL 365471018

Name:

Address:

City-St-Zip:

Entity Name: KAISER REALTY RESORT PROPERTIES, INC.

FILED Apr 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 COVE AVENUE 1557 GULF SHORES PARKWAY GULF SHORES, AL 36542 GULF SHORES, AL 36542 **Current Mailing Address: New Mailing Address:** PO DRAWER 1018 GULF SHORES, AL 365471018 FEI Number: 63-0784588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHELL, STEPHEN B 226 PALAFAX PLACE 9TH FL PENSACOLA, FL 32502 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CPST () Delete Title: () Change () Addition KAISER, LEONARD A Name: Name: P.O. DRAWER 1018 Address: Address: City-St-Zip: **GULF SHORES, AL 365471018** City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: KAISER, RANDAL R Name: PO DRAWER 1018 Address: Address: **GULF SHORES, AL 365471018** City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HARRELL-MCKENZIE, SHEILA Name: Name: PO DRAWER 1018 Address: Address: City-St-Zip: **GULF SHORES, AL 365471018** City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEONARD A. KAISER PRES 04/21/2007