
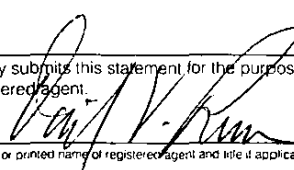
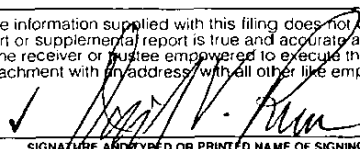


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90082 012 \*\*\*150.00

<b>DOCUMENT # F27172</b> 1. Entity Name <b>CLAUDE D. REESE REAL ESTATE, INC.</b>					
Principal Place of Business <b>179 BRADLEY PLACE PALM BEACH, FL 33480</b>			Mailing Address <b>P.O. BOX 750 PALM BCH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box # <b>140 ROYAL PALM WAY</b> Suite, Apt. #, etc. <b>SUITE 201</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>PALM BEACH FL</b> Zip <b>33480</b> Country <b>USA</b>			
4. FEI Number <b>59-2074803</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>REESE, DAVID V. 179 BRADLEY PLACE PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name <b>DAVID V. REESE</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 ROYAL PALM WAY</b> <b>SUITE 210</b> City <b>PALM BEACH FL</b> Zip Code <b>33480</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>3/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REESE, DAVID V 108 DOLPHIN RD PALM BEACH, FL 00000, <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	
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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: 			Date: <b>3/24/07</b> Daytime Phone: <b>561-838-4497</b>		

40046603



03062007 Chg-P CR2E034 (12/06)