2007 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

FILED **DOCUMENT # F28772** 1. Entity Name AMERICAN REALTY OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 1270 N EGLIN PARKWAY 1270 N EGLIN PARKWAY SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 08012007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 59-2087359 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name FRAZIER, GLORIA K Street Address (P.O. Box Number is Not Acceptable) 1270 N EGLIN PARKWAY BOX 875 SHALIMAR, FL 32579 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when renatating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Lynda Durham Walker 2338 Tumbleweed Dr. ☐ Change ★ Addition ☐ Delete TITLE TITLE FRAZIER, GLORIA K NAME NAME 11 GRANDVIEW DR STREET ADDRESS STREET ADDRESS Navarre, FL 32566 CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE ☐ Delete TITLE Change Addition WILHELM, KATHLEEN S. NAME NAME STREET ADDRESS STREET ADDRESS 5550 FLATWOODS DRIVE CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST- AP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HUGHES, DAWN NAME NAME 600108202686 08/16/07--01047--015 **61 STREET ADDRESS 905 SHALIMAR COVE STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BUCHANAN, DOROTHY H NAME NAME STREET ADORESS P.O. BOX 875 N/A STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32879 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME FRAKES, LUCINDA J NAME 113 LISA MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE ☐ Delete TITLE ■ Addition WILLIAMS, PATRICIA NAME NAME 245 ELDRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-7IP 12. Thereby 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 applicable, with all other like empowered. SIGNATURE: 4

ITED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION

SIGNATURE:

ANNUAL REPORT										
1. Entity Name	MENT # F28772 N REALTY OF NORTH		+	age	2 o f	3				
Principal Place 1270 N EGLIN SHALIMAR, FL	PARKWAY		Mailing Address 1270 N EGLIN PARKWAY SHALIMAR, FL 32579			TEL IBIN 6584 ITGA 1101		ë 114 0116 de 181		
2. Principal Pla	ce of Business - No P.O. Box #									
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (12/	06)		
City & State		City & State	City & State			359		Applied For Not Applicable		
Zip	Country	Country Zip Cou		itry	5. Certificate of Status Desired See Required \$8.75 Addition					
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent Name						
FRAZIER, GLORIA K 1270 N EGLIN PARKWAY				Street Address (P.O. Box Number is Not Acceptable)						
BOX 875 SHALIMAR, FL 32579				.=						
		City	<u>FL</u>							
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										
	: NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$5			.00 May Be ded to Fees						
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC			
NAME STREET ADDRESS CITY-ST-2IP	V RANDES, LINDA S 1797 BRIDGEPORT CO FORT WALTON BEAC		NAM STRE	i			☐ Cha	inge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete TIT PARKER, SHARON K NAI 240 BROOKS STREET A-401 STR						☐ Cha	inge 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUSKAS, CATHER 858 VAN DYKE DRIV SHALIMAR FL 32579	Е	NAM Stri	· ·			☐ Cha	inge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARS, SANDRA J 675 FAIRWAY AVEN FORT WALTON BEAG		NAM STRI				Cha	ange 🗀 Addillon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAMBERT, PAULINE 127 TWIN OAK DRIVI CRESTVIEW FL 3253	Ē	NAM STRI	I			☐ Cha	ange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DESGRANGES RAMO 71 LAKE LORRAINE (SHALIMAR FL 32579	CIRCLE	NAM Stri				☐ Cha	ange 🔲 Addition		
12. I hereby condicated of the corporation of the c	ertify that the information supplied that the information supplied that report or supplemental reportation or the receiver or trustee or on an attachment with an additional trustee.	d with this filling does not que took in true and accurate and empowered to execute this east with all other like empore	ralify for the ex d that my signa report as requ wered.	emptions contained ature shall have the ired by Chapter 60	same legal effect 7, Florida Statutes	as if made under ; and that my nam	I further certify that oath; that I am an one appears in Block	fficer or director 10 or Block 11 if		

7/31/07 850 657-2457

2007 FOR PROFIT CORPORATION

ANNUAL REPORT												
DOCUMENT # F28772 1. Entity Name							\cap					
AMERICAN REALTY OF NORTHWEST FLORIDA, INC.							Page	3 .	f3	-		
Principal Place	e of Business		Mailing Add	tress	•			U				
1270 N EGLIN PARKWAY 1270 N EGLIN PARKWAY			Υ									
SHALIMAR, FL 32579 SHALIMAR, FL 32579												
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182007	Chg-P	CR2E03	34 (12/06)			
City & State			City & State			4. FEI Number Applied For 59-2087359 Not Applicable						
Zip		untry		Zip Cou				of Status Desired		\$8.75 Addi Fee Required		
	6. Name and	Address of Current	Registered Ag	ent		Name	7. Name and	Address of New R	egistered A	gent		
FRAZIER,												
1270 N EGLIN PARKWAY BOX 875					Street Address (P.O. Box Number is Not Acceptable)							
SHALIMAR, FL 32579				City FL Zip Code								
C The share				f abanaina ita		office or register	rad space as bar	the in the State of Ele		amiliar with	and accept	
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												
						.00 May Be led to Fees						
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	V Delete				TITLE					☐ Change	☐ Addition	
NAME	WALKER, TADRICK PAYNE				NAME STREET A	000000						
STREET ADDRESS CITY-ST-ZIP	,	VIEW DRIVE R FL. 32579			CITY-ST-	I .						
TITLE	V V	K EL. 32379		☐ Delete	TITLE					☐ Change	Addition	
NAME	KARCHER, ARTHUR P.		NAME									
STREET ADDRESS CITY-ST-ZIP	3769 MIST				STREET A							
TITLE	DESTIN FL 32541 V □ Delete			TITLE					☐ Change	Addition		
NAME		GEORGE H.	·		NAME						_	
STREET ADDRESS CITY-ST-ZIP	3405 WILLIAMS ROAD			STREET A	I .							
TITLE	DeFUNIAK SPRINGS FL 32433			TITLE					☐ Change	☐ Addition		
NAME	V L. Delete O'DELL KATHLEEN A.			NAME								
STREET ADDRESS	48 LORAL ROAD			STREET A	ŀ							
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			TITLE	-217			····	☐ Change	Addition		
NAME	V ☐ Delete MYSHIN, WAYNE			NAME					only			
STREET ADDRESS	231ECHO CIRCLE			STREET A						İ		
CITY-ST-ZIP	FORT WALTON BEACH FL 32579			CITY-ST-	ZIP							
TITLE NAME			į	Delete	TITLE NAME					Change	Addition	
STREET ADDRESS					STREET A	DORESS						
CITY-ST-ZIP					CITY-ST-							
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 yet an address, with all other like empowered.												
SIGNATURE: SK SPAIN 7/31/67 850 657-2454								2454				
SIGNAL	JILL	NATURE AND TYPED OR	PRINTED NAME OF S	IGNING OFFICER	OR DIRECTOR		<u> </u>	Date	Di	aytime Phone #		