2007 FOR PROFIT CORPORATION. . . . ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F41170

1. Entity Name

FLORIDA SUN BELT REALTY, INC.



FILED Apr 23, 2007 08:00 All Secretary of State

Principal Place of Business

1870 NORTH STATE ROAD 7

SUITE 115 MARGATE, FL 33063 Mailing Address

1870 NORTH STATE ROAD 7

SUITE 115

MARGATE, FL 33063



04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLORES M. BROWN 453A LAKEWOOD CIRCLE MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000728847 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/08/07-80015-020 150.00 10. OFFICERS AND DIRECTORS TITLE BROWN, DOLORES M. NAME 453A LAKEWOOD CRCL. STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TTLE

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 cath; 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.

CICNATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

John M Brow

1/18/07