2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2007 08:00 AM **DOCUMENT # F45800 Secretary of State** 1. Entity Name EHLERS REALTY, INC. Principal Place of Business Mailing Address 2437 SE 17TH ST. 2437 SE 17TH ST. SUITE 102 SUITE 102 OCALA, FL 34471 OCALA, FL 34471 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2131402 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent EHLERS, HENRY A DO NOT WRITE 2437 SE 17TH ST., SUITE 102 OCALA, FL 34471 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE EHLERS, HENRY A STREET ADDRESS 2437 SE 17TH ST., SUITE 102 CITY-ST-ZIP OCALA, FL U00000653697 03/13/07-80031-018 150.00 TITLE EHLERS, HENRY A NAME 2437 SE 17TH ST., SUITE 102 STREET ADDRESS CITY-ST-3P OCALA, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

AND TYPES OR PENTED MAKE OF SKAMME OFFICER OF DIRECTOR 62

2-27-07

(352)351-3611

FILED

Daytime Phone #