2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # F45800** 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 CR2E034 (11/05) 02152008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2131402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE !8 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE NAME EHLERS, HENRY A 2437 SE 17TH ST., SUITE 102 STREET ADORESS CITY-ST-ZIP OCALA, FL 000000835145 02/29/08-80023-002 150.00 TITLE EHLERS, HENRY A NAME STREET ADDRESS 2437 SE 17TH ST., SUITE 102 CITY-ST-71P OCALA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED HAIRE OF SIGNING OFFICER OR DIRECTOR

2-21-06

352 351-3611

Davome Phone #

FILED