2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 Al Secretary of State DOCUMENT # F55536 1. Entity Name DONNA ROSS REAL ESTATE, INC. Principal Place of Business Mailing Address ??C/O DONNA ROSS 1112 3RD STREET STE 9 NEPTUNE BEACH FL 32266 C/O DONNA ROSS 1112 3RD STREET STE 9 NEPTUNE BEACH FL 32266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2230669 Not Applicable Zip Country Ζ_Ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ROSS (DONNA) Street Address (P.O. Box Number is Not Acceptable) 1112 3RD STRÉET NEPTUNE BEACH FL 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 ited name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ HITEE Delete TITLE Change Addition ROSS, DONNA NAME NAME U00000708477 1112 3RD STREET STRUCT ADDRESS STREET ADDRESS 04/24/07-80114-023 150.00 NEPTUNE BCH, FLA 00000 CITY-ST-7IP CITY - ST-7IP 10114 Delete THE Change Addition NAMI NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete DICE Addition | Change | NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detele TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Illte ☐ Delete IIII ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP TITLE Delete Change TIDE ☐ Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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

SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered