2007 FOR PROFIT CORPORATION

Mar 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT #F59477 BLC REALTY, INC. Principal Place of Business Mailing Address 4521 PARKER AVE. PO BOX 2348 WEST PALM BEACH, FL 33405 PALM BEACH, FL 33480 No Chg-P CR2E034 (11/05) 03092007 DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 59-2459540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HORNER, ROBERT JR DO NOT WRITE 4521 PARKER AVENUE WEST PALM BEACH, FL 33405 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. 1/00/00/0882952 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, 04/05/07-808A2-019 150.00 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE !8 \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HORNER, ROBERT R JR NAME STREET ADDRESS 4521 PARKER AVE CITY-ST-ZIP WEST PALM BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

PED NAME OF SIGNING OFFICER OR DIRECTOR

FILED