2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 25, 2007 8:00 am Secretary of State DOCUMENT #F90806 04-25-2007 90181 041 ***150.00 ROSEDALE REALTY, INC. Mailing Address Principal Place of Business 5100 87TH ST E. 5100 87TH ST E. US BRADENTON, FL 34211 US BRADENTON, FL 34211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03212007 Chg-P City & State City & State 4. FEI Number Applied For 59-2209444 Not Applicable Zip Country Zip 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 Name HOGAN, PATRICK Street Address (P.O. Box Number is Not Acceptable) 5100 87TH ST E. BRADENTON, FL 34202 Zip Code City FL 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition Delete TITLE BORNSTEIN, MATT NAME NAMÉ STREET ADDRESS STREET ADDRESS 5415 87TH ST E. CITY-ST-ZIP BRADENTON, FL 34211 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE HUNT, ROBERT A NAME STREET ADDRESS 5100 87TH ST E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34211 Addition TITLE TITLE Delete HOGAN, PATRICK NAME NAME STREET ADDRESS 5100 87TH ST E. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34211 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #