2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F93000005391 01-11-2008 90030 008 ***158.75 REALTY ONE, INC. Principal Place of Business Mailing Address 40000000 2451 MCMALLEN BOOTH RD 2451 MCMALLEN BOOTH RD SUITE 223 SUITE 223 CLEARWATER, FL 33759 CLEARWATER, FL 33759 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2451 MMullen Booth Rd 2451 McMullen Buth Q 01062008 CR2E034 (12/06) Chg-P City & State Applied For 4. FEI Number earwolze, Al 33759 52-1770892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOEL JERRY Street Address (P.O. Box Number is Not Acceptable) 2519 MCMULLEN BOOTH RD STE 510-257 CLEARWATER, FL 33761 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TITLE NOEL, JERRY NAME 2519 memulen Boem Rt., Pute 510-257 2519 MCMULLEN BOOTH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33761 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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: TYPED OR PRINTED NAME OF SIGN

FILED Jan 11, 2008 8:00 am