2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 15, 2007 08:00 AM DOCUMENT # G40123 Secretary of State KNUTSSON REALTY, INC. Principal Place of Business Mailing Address 670 CLEARWATER LARGO RD STE D 670 CLEARWATER LARGO RD STE D LARGO, FL 33770 LARGO, FL 33770 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2303474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUTSSON, GEORGE A. DO NOT WRITE 670 CLEARWATER LARGO RD STE D LARGO, FL 33770 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KNUTSSON, GEORGE NAME STREET ADDRESS 670 CLEARWATER LARGO RD STE D U00000636613 CITY-ST-ZIP LARGO, FL 33770 02/26/07-80027-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

727-501-1166