
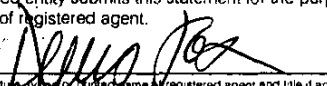
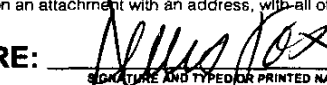


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90179 033 \*\*\*150.00

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # G44767</b><br>1. Entity Name<br><b>FIRST REAL ESTATE CENTER, INC.</b>  |  |  |   |    |   |
| Principal Place of Business<br><b>8020 LEAKIDD DRIVE UNIT #4</b><br><b>PORT RICHEY, FL 34668 US</b>  |  |  | Mailing Address<br><b>PO BOX 564</b><br><b>NEW PORT RICHEY, FL 34656 US</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>8020 LEO Kidd AVE.</b>  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>04</b>                       |   |   |   |
| City & State<br><b>PORT RICHEY, FL</b>   |  | City & State<br><b>PORT RICHEY, FL</b>                                       |   | 4. FEI Number<br><b>59-2304361</b>  |   |
| Zip<br><b>34668</b>  |  | Country<br><b>US</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FOX, E. L.</b><br><b>8020 LEO KIDD AVE.</b><br><b>UNIT 4</b><br><b>PORT RICHEY, FL 34668</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>DENNIS FOX</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8020 LEO KIDD AVE</b><br><b>UNIT 04</b><br>City <b>PORT RICHEY FL</b> Zip Code <b>34668</b> |   |
| 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.<br>SIGNATURE:  <b>DENNIS FOX, PD</b> DATE: <b>04-24-07</b><br><small>Signature of the registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>  |  |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>FOX, E. L.<br>5537 SEA FOREST DR #201<br>NEW PORT RICHEY, FL 34656 | <input checked="" type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DENNIS FOX<br>2057 BENTLEY AVE<br>SPRINGHILL, FL 34608      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <b>DENNIS FOX, PD</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <b>04-24-07</b> Daytime Phone # <b>808-2376</b><br><small>727-</small>   |   |   |