2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G85006

1. Entity Name

GLOBAL REALTY CORP. OF PINELLAS

Principal Place of Business

28870 US HWY 19 NORTH

SUITE 300 CLEARWATER, FL 34621 Mailing Address

2451 MCMULLEN BOOTH RD.

STE. 312

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33759 US

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90459 032 ***150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2374143

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDROS CORPORATION 2451 MCMULLEN BOOTH RD. STE 312

DO	NOT	WRITE
IN .	THIS	SPACE

CLEARWATER, FL 33759			IN THIS STACE				
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							
		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE	DPV						
NAME	BALL, JOHN V.						
STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER, FL						
TITLE	Р						
NAME	APONTE, CARLOS A						
STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER, FL 33759						
TITLE							
NAME			l		;		
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NAME			1				
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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 trufted 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 accurate and other like empowered.

SIGNATURE: __

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

G OFFICER OR DIRECTOR

April Hy DUIT