


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90023 040 \*\*\*150.00

<b>DOCUMENT # G89117</b>			
1. Entity Name <b>EXECUTECH REALTY CORP.</b>			
Principal Place of Business <b>7226 W COLONIAL DR SUITE 373 ORLANDO, FL 32818 US</b>		Mailing Address <b>P O BOX 941569 MAITLAND, FL 32794-1569 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. BOX 634</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>GOTHA, FL</b>	
Zip	Country	Zip <b>34734-0634</b>	Country <b>U.S.A</b>
6. Name and Address of Current Registered Agent <b>MEDES, ELZA 7226 W COLONIAL DR SUITE 373 ORLANDO, FL 32818</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MEDES, ELZA 7226 W COLONIAL DR SUITE 373 ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRISZYN, KATHRYN 7226 W COLONIAL DR SUITE 373 ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:**

*[Handwritten Signature]*  
*January 25, 2008*