

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| <b>DOCUMENT # G91093</b><br>1. Entity Name<br><b>F.H.A. REALTY, INC.</b> |  |
|--|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>2161 PALM BEACH LAKES BLVD.<br/>STE 403<br/>WEST PALM BEACH, FL 33409</b> | Mailing Address<br><b>2161 PALM BEACH LAKES BLVD.<br/>STE 403<br/>WEST PALM BEACH, FL 33409</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><br>Zip      Country | City & State<br><br>Zip      Country |
|--------------------------------------|--------------------------------------|

|   |       |  |  |
|---|-------|--|--|
| 08082007  | Chg-P | CR2E034 (12/06)  |  |
| 4. FEI Number<br><b>65-1124424</b>                        |       | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |       | <b>\$8.75</b> Additional Fee Required                  |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PREEFER, JAY C.<br/>2161 PALM BEACH LAKES BLVD<br/>SUITE 403<br/>WEST PALM BEACH, FL 33409</b> | <b>7. Name and Address of New Registered Agent</b><br><br>Name-<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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>Amended AR is \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVS</b><br><b>PREEFER, JAY C.</b><br><b>2161 PALM BCH LAKES BLVD</b><br><b>WEST PALM BEACH, FL</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b><br><b>300108202873</b><br><b>08/16/07--01047--023 **61.25</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>PREEFER, JAY C.</b><br><b>2161 PALM BCH LAKES BLVD</b><br><b>WEST PALM BEACH, FL</b> <input type="checkbox"/> Delete     | 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 | <b>D</b><br><b>RICHARD A. PREEFER</b><br><b>2161 PALM BEACH LAKES BLVD</b><br><b>WEST PALM BEACH, FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DV</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b><br><b>John Ring</b><br><b>2161 Palm Beach Lakes Blvd</b><br><b>West Palm Beach, FL</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | 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  | 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:** \_\_\_\_\_ **Richard Preefer**, 8/8/07 564689-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #