2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

1. Entity Nar	IMENT # G91211 THE REALTY, INC.	•				Secreta	ry of St
% ALLAN G. 7000 US HI	ce of Business SAFRANEK, JR. GHWAY 19 RICHEY, FL 34652	Mailing Address % ALLAN G. SAFRANEK, IR. 7000 US HIGHWAY 19 . NEW PORT RICHEY, FL 34652	·				
DO NOT WRITE IN THIS SPAC			CE	04182008 4. FEI Numb 59-239	No Chg-P	CR2E034 (11/	Applied For Not Applicable Additional
SAFRANE	Name and Address of Current Rec K, ALLAN G., JR.	gistered Agent		DO	NOT W	DITE	
7000 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652					THIS SF		
. ; -	, e named entity submits this statement for the		- Indiana and a second		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	4	
the obligation	e named entity submits this statement for the tions of registered agent.	a purpose of changing its registers	ed office or register	ed agent, or bo	orn, in the State of Fic	orida. Tam tamiliar y	nth, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and h	tie d'applicable. (NOTE, Registeres	d Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEW PT. RICHEY, FL STD SAFRANEK, ALLAN G III 7000 US 19	ECTORS			U0000 05/12/00	00916119 3-80015-021	150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN	THIS SP	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			· · •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•	

12. Thereby 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 faceiver 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:

DATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF

<u> Allan G. Safra</u>

727 849 1002