



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H12836 1. Entity Name SENTINEL REAL ESTATE, INC.			
Principal Place of Business C/O ROBERT S. KAZAROS 920 S LAKE ADAIR BLVD ORLANDO, FL 32804		Mailing Address C/O ROBERT S. KAZAROS 920 S LAKE ADAIR BLVD ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE			
			
		02042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2431890	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TODD, BILL 2716 REW CIRCLE, SUITE 100 OCOE, FL 34761-4201		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000647530 03/06/07-80075-023 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAZAROS, ROBERT S. 920 S LAKE ADAIR BLVD ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAZAROS JR., ROBERT S. 400 E COLONIAL DR., #1203 ORLANDO, FL 32803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Robert S. Kazaros, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/7/07</u> Daytime Phone #: <u>407-423-5738</u>	