2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# J00493

Entity Name: NTS REALTY COMPANY OF FLORIDA

Current Principal Place of Business:

C/O NTS CORPORATION
10172 LINN STATION ROAD
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

C/O NTS CORPORATION
10172 LINN STATION ROAD
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 59-2698270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JAMES JR
215 N EOLA DR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NICHOLS, J. D.
Address: 10172 LINN STATION RD.
City-St-Zip: LOUISVILLE, KY 40223

Title: SVP ( ) Delete
Name: WELLS, GREGORY
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: EVP ( ) Delete
Name: LAVIN, BRIAN F
Address: 10172 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: VPS ( ) Delete
Name: HOWARD, SUSAN M
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VPAT ( ) Delete
Name: MITCHELL, NEIL A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: NICHOLS, J D
Address: 10172 LINN STATION RD.
City-St-Zip: LOUISVILLE, KY 40223

Title: SVP (X) Change ( ) Addition
Name: WELLS, GREGORY A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M HOWARD VPS 04/20/2009

Electronic Signature of Signing Officer or Director — Date