2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM DOCUMENT # J05633 **Secretary of State** 1. Entity Name DAWSON REALTY, INC. Principal Place of Business Mailing Address PO BOX 568885 **705 WALTHUM AVENUE** ORLANDO, FL 32856-8885 ORLANDO, FL 32809 CR2E034 (11/05) 01162007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2662635 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DAWSON, WILLIAM L. DO NOT WRITE 1634 WATERWITCH DR ORLANDO, FL 32806 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00. 10. OFFICERS AND DIRECTORS U00000723622 n5/02/07-80078-005 150.00 TITLE DAWSON, WILLIAM L. NAME STREET ADDRESS 1634 WATERWITCH DRIVE CITY-ST-78P ORLANDO, FL 32806 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-73P TITLE STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

BIGNATURE AND TYPED OR PRINTED MANE OF BIGNING OFFICER OR DIRECTOR

4/18/07

407-855-6425

Daytme Phone #

FILED