2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # J82016** 1. Entity Name MOYNIHAN REALTY GROUP, INC. Principal Place of Business Mailing Address 3672 TORREY PINES WAY 3672 TORREY PINES WAY SARASOTA, FL 34238 SARASOTA, FL 34238 US 04112008 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0013248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOYNIHAN, JAMES A DO NOT WRITE 3672 TORREY PINES WAY SARASOTA, FL 34238 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOYNIHAN, JAMES A NAME STREET ADDRESS 3672 TORREY PINES WAY CITY-ST-ZIP SARASOTA, FL 34238 U00000895710 04/24/08-80079-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME OF BIGNING OFFICER OR DIRECTOR