


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90142 023 \*\*\*150.00

<b>DOCUMENT # K31616</b> 1. Entity Name <b>QUEENS HARBOUR REALTY, INC.</b>	
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Principal Place of Business <b>2325 ULMERTON RD</b> <b>20</b> <b>CLEARWATER, FL 34622 US</b>	Mailing Address <b>2325 ULMERTON RD.</b> <b>20</b> <b>CLEARWATER, FL 34622 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260	Suite, Apt. #, etc. 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260
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Zip	Country	Zip	Country
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01172008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2959907</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MORRIS, GREG</b> <b>2325 ULMERTON RD</b> <b>STE 20</b> <b>CLEARWATER, FL 33702</b>	
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7. Name and Address of New Registered Agent Name <b>GREGORY MORRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 Ponte Vedra Lakes Blvd.</b> <b>Ponte Vedra Beach, FL 32082-1260</b> C. <b>FL</b> Zip Code	
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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  DATE **4/21/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BULLARD, FRED B. J</b> <b>2325 ULMERTON RD STE 20</b> <b>CLEARWATER, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GREGORY D MORRIS</b> <b>700 PONTE VEDRA LAKES BLVD</b> <b>PONTE VEDRA BEACH, FLA 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **GREGORY D MORRIS** DATE **2/06/08** DAYTIME PHONE # **727-576-6424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR