


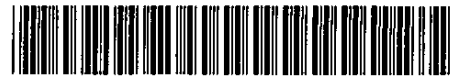
2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 042 ***150.00

DOCUMENT # K79135	
1. Entity Name NOLAN REALTY, INC.	

Principal Place of Business 6300 NW 5TH WAY SUITE 100 FT. LAUDERDALE FL 33309	Mailing Address 111 SE 8TH AVE. 1601 FT. LAUDERDALE FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1520 NE 7TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State FT. LAUD FL	City & State FT. LAUD FL
Zip 33304	Country USA

4. FEI Number 54-1497371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOLAN, K. MARCY PRES NOLAN REALTY, INC. 111 SE 8TH AVENUE, #1601 FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent Name K. MARCY NOLAN, Pres Street Address (P.O. Box Number is Not Acceptable) 1520 NE 7TH STREET City FT LAUD FL Zip Code 33304

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. K. M. Nolan SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 4/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MOHLER, LISSA <input type="checkbox"/> Delete 111 SE 8TH AVE #1601 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NOLAN, K. MARCY <input type="checkbox"/> Delete 111 SE 8TH AVE #1601 FT LAUDERDALE FL 33301
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	DVT MOHLER, LISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1520 NE 7TH ST FORT LAUD. FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NOLAN, K. MARCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1520 NE 7TH ST FORT LAUD. FL 33304
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 Section 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: K. MARCY NOLAN, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/16/07 Daytime Phone: 954-779-3608