2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L16253** 04-26-2007 90199 001 ***150.00 1. Entity Name VISTAR REALTY, INC. Mailing Address 40004001 Principal Place of Business PO BOX 510758 3095 SOUTH A1A MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 95 Pine Tree Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3082232 Not Applicable Indialantic, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32903 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Millius. Hiu Yuen</u> MILLIUS, HIU YUEN Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive **3095 SOUTH A1A** MELBOURNE BEACH, FL 32951 City Zip Code Indialantic. FL 8. The above named antity 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. April 17, 2007 SIGNATURE ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD Delete TITLE XX Change ☐ Addition Millius, Hiu Yuen MILLIUS, HIU YUEN NAME NAME 95 Pine Tree Drive 3095 A1A HWY STREET ADDRESS STREET ADDRESS City-St-7IP Indialantic, FL 32903 CITY-ST-ZIP MELBOURNE BCH, FL VPD Tollmann, William M Delete TITLE K Change TITLE ☐ Addition TOLLMANN, WILLIAM M. NAME NAME 95 Pine Tree Drive STREET ADDRESS STREET ADDRESS 3095 S. A1A Indialantic, FL 32903 MELBOURNE BEACH, FL 32951 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CiTY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

William M. Tollmann

2007

321-984-7543

FILED