


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 027 \*\*\*150.00

<b>DOCUMENT # L46055</b> 1. Entity Name <b>MCCULLY REALTY, INC.</b>					
Principal Place of Business <b>1920 N RIO GRANDE ORLANDO, FL 32804</b>			Mailing Address <b>63 INTERLAKEN RD ORLANDO, FL 32804</b>		
2. Principal Place of Business - No P.O. Box # <b>63 Interlaken Rd</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State		4. FEI Number <b>59-2992636</b>	
Zip <b>32804</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32804</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCCULLY, WALTER ALLAN 1920 N RIO GRANDE ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name <b>Walter Allan McCully</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 Interlaken Rd.</b> City <b>Orlando</b>	
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 <u>Walter A. McCully</u> DATE <u>4-17-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				City <b>FL</b> Zip Code <b>32804</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLY, WALTER ALLAN 1920 N RIO GRANDE ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O McCully Walter Allan 63 Interlaken Rd. Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Walter A. McCully</u>		Date <u>4-17-07</u>		Daytime Phone # <u>407-295-0392</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					