2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

| DOCUMENT # L6257 | 5 |
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1. Entity Name
MAYER REALTY, INC.



US

Principal Place of Business

PLANTATION, FL 33324

Mailing Address

130 S UNIVERSITY DR Suite # A 130 S UNIVERSITY DR

SUITE A

PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

FEI Number
 65-0187719

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MAYER, THOMAS 130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324

DO NOT WRITE 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 it | poplicable (NOTE: Poglistero | a Agent signature | required when reinstating) | DATE | | |
| | wynawy, typed or printed ranks of registered agent and title in | applicable: (NOTE: neglistere) | a Agent signature | rioddirect witer) (etratating) | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | U00000602212 01/26/07-80080-016 150.00 | | |
| 10. | OFFICERS AND DIREC | <u> </u> | | | | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | P MAYER, THOMAS 130 S UNIVERSITY DR, SUITE A PLANTATION, FL 33324 | | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | | |
| 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 p address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE OF SUPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1407

954-370-0600