2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 08:00 A Secretary of State

ANNUAL REPORT					Secretary of S				
1. Entity Nan	MENT # L78086 TREALTY GROUP, INC.			" [ept 6		etary Let	y 01 S	
Principal Place of Business % THOMAS G. ROTTINGHAUS 885 SE 47TH TERR UNIT D CAPE CORAL, FL 33904		Mailing Address % THOMAS G. ROTTING 885 SE 47TH TERR UNIT CAPE CORAL, FL 33904	D	1 1881160 101 591	V 161 (81)) 81)71 (1)(1 1	1) 0 0 0 0 0 0 0 0 0 0	. 	ITTOK III IDZI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007	Chg-P	CR2E034	4 (12/06)		
City & State		City & State		4. FEI Number 65-02072	267		_ 	oplied For	
Zip	Country	Zip	Country	5. Certificate of			8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New I	Registered Ag	ent		
				Name					
1175 SW	HAUS, THOMAS G. 57TH STREET RAL, FL 33914	Street Address		ss (P O. Box Number i	s Not Acceptab	le)			
	·		City						
						FL	Zip Code	0	
sign Fil	named and y submits this statement to ions of registered agent. Agent A	and the Paymentale. (NOTE:	Registered Agent signature req			DATE	A September 1	64	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OF	FICERS AND D	VIDECTOR	C IN 11	
TITLE NAME STREET ADDRESS C11Y-ST-ZIP	D ROTTINGHAUS, THOMAS G. 1175 SW 57TH STREET CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abothonayor) 11789300	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	☐ Addillen	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			C	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			C	Change	Addition	

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 export 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 distert 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.

City-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WE AND TYPED OR PRINTED NAME OF ONLY OFFICER OR DIRECTOR

☐ Delete

te Dayting Prone

Change

Addition