2005 FOR PROFIT CORPORATION

FILED Apr 14, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L92093 1. Entity Name BORDNER REAL ESTATE, INC. Mailing Address Principal Place of Business 9220 BONITA BEACH RD 9220 BONITA BEACH RD **SUITE #101** SUITE #101 BONITA SPRINGS, FL 34135. US BONITA SPRINGS, FL 34135 ÜS 03162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0213975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BORDNER, DONALD B 9220 BONITA BEACH RD STE 101 IN THIS SPACE BONITA SPRINGS, FL 34135 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Redistored Agent signature required when reinstating) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE U00000305189 BORDNER, DONALD B 04/14/05-80073-025 150.00 STREET ADDRESS 9220 BONITA BEACH RD STE101 BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 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 exemption stated in Section 119.07(3)(I). 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 attachi

STREET ADDRESS CITY-ST-ZIP TITLE NAMS STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR