2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # M08177

FILED Mar 14, 2008 8:00 am Secretary of State 03-14-2008 90041 036 ***150.00

1. Entity Nam SPEAR R	e . EALTY, INC.			
Principal Plac 3721 SW 47 SUITE 307 FT LAUDERD		Mailing Address 3721 SW 47TH AVE SUITE 307 FT LAUDERDALE, FL 33	314 US	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		03032008 Chg-P CR2E034 (12/06)
City & State	9	City & State		4. FEI Number Applied For 59-2514490 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
SPEAR, DAVID A 3721 SW 47 AVE SUITE 307 FT LAUDERDALE, FL 33314				ddress (P.O. Box Number is Not Acceptable)
FILAUDE	RDALE, FL 33314		City	FL Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	re required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.			\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP SPEAR, L. WILLIAM 3721 SW 47TH AVE., SUITE 30 FT LAUDERDALE, FL	7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spear David A: Ft. Lauderdde, Fl. 33314
TITLE	DST	Defete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SPEAR, DAVID 3721 SW 47TH AVE., SUITE 30 FT LAUDERDALE, FL	7	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	DV LEONARD, DIANE 3721 SW 47TH AVE., SUITE 30	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: