2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # M91773** 1. Entity Name 04-27-2007 90230 023 ***150 00 PRICE REALTY GROUP, INC. Principal Place of Business Mailing Address 1907 ATLANTIC BLVD. 1907 ATLANTIC BLVD. SUITE 2 SUITE 2 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1616 Jork Road 1616 Jork Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Cha-P CR2E034 (12/06) Ste 102 STE 102 City & State Applied For City & State 4. FEI Number Jacksonville acksonville 59-2900899 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired П 32<u>207</u> 3220 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRICE, MICHAEL S Address (P.O. Box Number is Not Acceptable) 1907 ATLANTIC BLVD JACKSONVILLE, FL 32207 102 cksonville 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS Delete TITLE ZAD Change ■ Addition TITLE Price, Michael PRICE, MICHAEL NAME NAME 1616 Jork Road STE102 1907 ATLANTIC BLVD., SUITE 2 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP Jacksonville IFL 32207 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete TITLE HILL Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED