2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N00000005263

Entity Name: THE FLORIDA STATE REAL ESTATE NETWORK, INC.

Current Principal Place of Business:

ROOM 313, ROVETTA BUSINESS BLDG.
PALMETTO WAY, COLLEGE OF BUSINESS
TALLAHASSEE, FL 323061110

New Principal Place of Business:

Current Mailing Address:

ROOM 313, ROVETTA BUSINESS BLDG.
PALMETTO WAY, COLLEGE OF BUSINESS
TALLAHASSEE, FL 323061110

New Mailing Address:

FEI Number: 59-3664443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GATZLAFF, DEAN
ROOM 313, ROVETTA BUSINESS BLDG.
PALMETTO WAY, COLLEGE OF BUSINESS
TALLAHASSEE, FL 323061110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GATZLAFF, DEAN
Address: ROOM 313, ROVETTA BUSSINESS BLDG
City-St-Zip: TALLAHASSEE, FL 323061110

Title: D ( ) Delete
Name: WOODYARD, WILLIAM
Address: ROVETTA BUSINESS BLDG., FSU
City-St-Zip: TALLAHASSEE, FL 323061110

Title: D ( ) Delete
Name: DISKIN, BARRY
Address: ROVETTA BUSINESS BLDG.
City-St-Zip: TALLAHASSEE, FL 323061110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN GATZLAFF DP 01/22/2009

Electronic Signature of Signing Officer or Director — Date