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**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000010839</b>		
1. Entity Name A.C.M. REALTY GROUP, INC.		
Principal Place of Business 1902 SO. MACDILL AVENUE TAMPA, FL 33629	Mailing Address 1902 SO. MACDILL AVENUE TAMPA, FL 33629	
<b>DO NOT WRITE IN THIS SPACE</b>		03292007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3685440 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BARNETT, LESLIE J 601 BAYSHORE BLVD., STE. 700 TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		04/06/07-80036-013 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYARA, ANNIE C 1902 SO. MACDILL TAMPA, FL 33629	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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 all other like empowered.		
SIGNATURE: <u>Annie C. Myara, ANNIE C. MYARA</u> 3/29/07 (813) 258-8770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		