


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000033978	
1. Entity Name TOP NOTCH REALTY, INC.	

Principal Place of Business 1764 SE PORT ST LUCIE BLVD. PORT SAINT LUCIE, FL 34952	Mailing Address 1764 SE PORT ST LUCIE BLVD. PORT SAINT LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0999468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CATALDO, ANTONIO
675 HIDDEN RIVER DR
PORT ST LUCIE, FL 34983

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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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00, May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME CATALDO, ANTONIO
STREET ADDRESS 675 HIDDEN RIVER DR	CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE VPD	NAME LANCIERI, ANGELA T
STREET ADDRESS 3215 SE PINTO STREET	CITY-ST-ZIP PORT ST LUCIE, FL 34984
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

UD00000716876
04/30/07-80025-020 150.00

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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: Angela T. Lancieri **Angela T Lancieri** **4/16/07 772-337-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #