

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000078474

**FILED**  
**Jul 18, 2007**  
**Secretary of State**

**Entity Name:** FORECLOSURE AUTHORITY REALTY, INC.

**Current Principal Place of Business:**

1926 DEL PRADO BLVD SO.  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

8083 NW 103 ST  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

1926 DEL PRADO BLVD SO.  
CAPE CORAL, FL 33990

**New Mailing Address:**

8083 NW 103 ST  
HIALEAH GARDENS, FL 33016

**FEI Number:** 65-1040462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, LORETTA S  
1926 DEL PRADO BLVD SO.  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

DUNN, LORETTA S  
8083 NW 103 ST  
HIALEAH GARDENS, FL 33016 US

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

07/18/2007

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUNN, LORETTA S  
Address: 1926 DEL PRADO BLVD SO.  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP (X) Delete  
Name: MOORHEAD, ROY T  
Address: 1507 E. 9TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DUNN, LORETTA S  
Address: 8083 NW 103 ST  
City-St-Zip: HIALEAH GARDENS, FL 33016

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA S. DUNN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

07/18/2007

\_\_\_\_\_  
Date