


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 016 ***550.00

DOCUMENT # P00000079373		
1. Entity Name DRS REALTY GROUP, INC.		

Principal Place of Business 1786 TRADE CENTER WAY STE 2 NAPLES FL 34109	Mailing Address 1786 TRADE CENTER WAY STE 2 NAPLES FL 34109
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent BLUM, SYDNEY E PRESIDE 237 BURNING TREE NAPLES FL 34105		7. Name and Address of New Registered Agent Name <u>SYDNEY E. BLUM</u> Street Address (P.O. Box Number is Not Acceptable) <u>12930 POSITANO CIR #305</u> City <u>NAPLES</u> FL <u>34105</u>	
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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] DATE 8-16-07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTE BLUM, SYDNEY E 1786 TRADE CENTER WAY STE 2 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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: [Signature] 8-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR