


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 002 ***150.00

| | |
|------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000082369 |  |
| 1. Entity Name REALTY SHOPS.COM, INC. | |

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|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 101 BILBAO DRIVE SAINT AUGUSTINE, FL 32086 | Mailing Address 509 TURNBERRY LANE ST AUGUSTINE, FL 32080 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|

| | |
|------------------------------------------------|----------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 101 Bilbao Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| 32086 | |



04072007 Chg-P CR2E034 (12/06)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 59-3757030 | 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 LAURENCE, ROBERT J 509 TURNBERRY LANE ST AUGUSTINE, FL 32080 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 Bilbao Drive City FL Zip Code 32086 |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

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. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAURENCE, ROBERT J 101 BILBAO DRIVE SAINT AUGUSTINE, FL 32086 <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 | DV LAURENCE, ROSLYN 101 BILBAO DRIVE SAINT AUGUSTINE, FL 32086 <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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07 (24) 84-6241