2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P01000119366 1. Entity Name ULTIMATE REALTY CORP. Principal Place of Business Mailing Address 1204 EAST PARK CIRCLE . 1204 EAST PARK CIRCLE **TAMPA FL 33604 TAMPA FL 33604** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 01-0567017 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, JEANETTE 1204 EAST PARK CIRCLE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33604 City Zip Code 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 rogistered agent and stig. I sopplicable, (R-OTE: Registered Agent a speature required when reinstating) DATE FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Derete TITLE Change ☐ Addition U00000896505 04/25/08-80010-016 150.00 NAME POWELL, JEANETTE NAME STREET ADDRESS 1204 EAST PARK CIRCLE STREET ADDRESS **TAMPA FL 33604** CITY-ST-ZI? CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P TITLE ☐ Derete Change JIRE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY -ST ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or suppliemental 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

all other like empowered.

SIGNATURE: