


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90041 009 ***150.00

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|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000026567 |  |
| 1. Entity Name PERSONALIZED REALTY, INC. | |

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| Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 | Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 |
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| 2. Principal Place of Business - No P.O. Box # 370 minorca Ave | 3. Mailing Address 370 minorca Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Coral Gables FL | City & State Coral Gables FL |
| Zip 33134 | Country USA |



04252008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 03-0402405 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BERRIOS, XIMENA B 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 370 MINORCA Ave City CORAL GABLES FL Zip Code 33134 |
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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 *Ximena Berrios* (NOTE: Registered Agent signature required when reinstating) DATE 4/24/08

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director MCCAMMON, ROBERT KELLY 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change 370 minorca Ave Coral gables FL 33134 <input checked="" 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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| 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 |

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: *Robert Kelly* DATE 4/24/08 DAYTIME PHONE # 305/777-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR