2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P02000026699 1. Entity Name 04-11-2007 90039 048 ***150.00 PDG REALTY, INC. Principal Place of Business Mailing Address 613 SW CAMDEN AVE 613 SW CAMDEN AVE STUART, FL 34994 STUART, FL 34994 3. Mailing Address SAm€ 2. Principal Place of Business - No P.O. Box # 872 Colo codo Avi Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Stuma 38-3688493 Not Applicable Country Zip \$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 SOPKO, JAMES Street Address (P.O. Box Number is Not Acceptable) 853 SE MONTEREY COMMONS BLVD STUART, FL 34996 City Stuares 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 redistered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Delete TITLE TITLE GIUNTA, DAVID R NAME NAME 872 Coloreals AVE STREET ADDRESS STREET ADDRESS 613 SW CAMDEN AVE CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 ☐ Channe ☐ Addition TITLE TITLE Delete GROFF, TERRENCE A NAME NAME 613 SW CAMDEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 jike empowered.

GNING OFFICER OR DIRECTOR

FILED

Daytime Phone #