Apr 30, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000048873 04-30-2007 90478 009 ***158.75 VON STEIN REAL ESTATE CORPORATION Principal Place of Business Mailing Address 2770 INDIAN RIVER BLVD. 2770 INDIAN RIVER BLVD. SUITE 316 **SUITE 316** VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address STREET 333-17 STREET 333-Suite, Apt. #, etc. 04272007 CR2E034 (12/06) らひげて City & State BEACH FL City & State 4. FEI Number Applied For 33-1002883 Not Applicable Country INDIAN \$8.75 Additional 5. Certificate of Status Desired Fee Required RIVER 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VON STEIN, KIRK Street Address (P.O. Box Number is Not Acceptable) 2770 INDIAN RIVER BLVD. 333-17 STREET **SUITE 316** 2 E VERO BEACH, FL 32960 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. 4-25-07 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE VON STEIN, KIRK L PRES NAME NAME 333-17 STREET, SUITE ZE STREET ADDRESS 2770 INDIAN RIVER BLVD., SUITE 316 STREET ADDRESS VERO BEACH, FL 32960 VERO BEACH, FL. 32960 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE TITLE Addition NAME 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 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 officer in the properties of the chapter forms.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

<u> 772-778-48</u>

Daysime Phone #