2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 Al Secretary of State

ANNOAL NEFORI					Secretary of St			
1. Entity Nar	IMENT # P020000695 N REALTY GROUP, INC.	501					·	
Principal Plac	ce of Business	Mailing Address						
216 HYDE F	PARK PLACE	216 HYDE PARK PLACE	•					
SUITE 3	22000	SUITE 3			-			
TAMPA, FL	33606	TAMPA, FL 33606				HII BRAIR BIRIG IBIGI BA	IDI Berga il dirə t il 2001	
5	The second of th	The state of the s	d and a second					
			le de la companya de	.]	- 2011 11 11 11 11 11 11 11	(I) \$8(I8 \$1148 (8)81 81		
				04162008	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe			Applied For	
				75-307			Not Applicable	
The state of the s					of Status Desired		75 Additional	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	L		Fee	Required	
	6. Name and Address of Current Re	gistered Agent						
JEFFRIES	S, DAVID M			חח	NOT W	DITE		
101 E KENNEDY BLVD STE 1030				\$2.55 pt 155 \$2.55 \$7	"Market and Comments	320 见 35 电三 3 6 1 3 25 1		
TAMPA, F	-L 33602			IN 7	THIS SF	PACE	fveter så sil	
				海道		r r	种种的证式	
	e named entity submits this statement for tractions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bol	h, in the State of Fl	orida. I am famil	iar with, and accept	
trie obliga	ilions of registered agent.							
SIGNATURE.	Signature typed or printed name of registered agent and	Mariante de la Companya del Companya del Companya de la Companya d				DATE		
	Signature typed or printed rearie or registered agent and	illia ii applicacia (NOTE registera	d Agent signature required	when remarking)	- U0000)0948784		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution				.00 May Be led to Fees	06/03/08	3-80 0 01-0	004 150.00 	
10.	OFFICERS AND DI	RECTORS		· · · · · · · · · · · · · · · · · · ·	34 (14 (38)	5430 GBA		
TITLE	P							
NAME	CORSON, SAM							
STHEET ADDRESS CITY-ST-ZIP	216 HYDE PARK PLACE, SUITE 3 TAMPA, FL 33606							
TITLE	TANK ALLE SOCIE							
NAME								
STREET ADDRESS	1				the transfer of the second			
CITY-ST-ZIP					ar produce the same			
TITLE			San					
NAME STREET ADDRESS								
CITY - ST - ZIP				DO	NOT WITHIS SE	RITE		
TITLE				。 (1)				
NAME								
]					AUE		
STREET ADDRESS					ું અનુ કાર્યો છે.	AUE		
STREET ADDRESS CITY-ST-ZIP				IN		AUE		
CITY-ST-ZIP				IN.	ું અનુ કાર્યો છે.	ACE		
CITY-ST-ZIP TITLE NAME				IN.	ું અનુ કાર્યો છે.	ACE		
CITY-ST-ZIP				N	ું અનુ કાર્યો છે.			
TITLE NAME STREET ADDRESS				N	ું અનુ કાર્યો છે.			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					ું અનુ કાર્યો છે.			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				N	ું અનુ કાર્યો છે.			

12. Thereby 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-68 913-251-2011
Date Dayume Phone #