

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90471 010 ***150.00

DOCUMENT # P02000086391					
1. Entity Name SUCCESS REAL ESTATE & INVESTMENT, INC.					
Principal Place of Business 130 E ORANGE AVE LAKE WALES, FL 33853			Mailing Address 130 E ORANGE AVE LAKE WALES, FL 33853		
2. Principal Place of Business - No P.O. Box # 1107 ST. ANNE SHRINE RD.		3. Mailing Address 1670 LAKESIDE ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WALES, FL		City & State WEST PALM BEACH, FL		4. FEI Number 52-2390639	
Zip 33898		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYSON, DIANNE L 6970 LAKESIDE RD. WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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: <u>Dianne L. Dyson</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE: <u>4-24-06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PTD	NAME DYSON, DIANNE L <input type="checkbox"/> Delete				
STREET ADDRESS 3676 COLLIN DRIVE	CITY-ST-ZIP WEST PALM BEACH, FL 33406				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Dianne L. Dyson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>4-24-07</u> (561)317-2941 <small>Daytime Phone #</small>	