2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122876

Title:

Name:

Address:

City-St-Zip:

Entity Name: REAL ESTATE RELATED, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 170 MEDICI TERRACE NORTH VENICE, FL 34275 **Current Mailing Address: New Mailing Address:** 170 MEDICI TERRACE NORTH VENICE, FL 34275 FEI Number: 37-1449096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: W.R. KLEIN, PA 1900 MAIN STREET SUITE 310 SARASOTA, FL 34236 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KELLY, MICHAEL P Name: Name: 33 BAYCREST AVENUE Address: Address: City-St-Zip: WEST HAMPTON, NY 11977 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KELLY, RONNIE G Name: 33 BAYCREST AVENUE Address: Address: WEST HAMPTON, NY 11977 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete WILLIAM, KELLY J Name: WILLIAM, KELLY J Name: 7370 DEER CROSSING CT 170 MEDICI TERRACE Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: N. VENICE, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ

TANYA, KELLY L

170 MEDICI TERRACE

N. VENICE, FL 34275

() Change (X) Addition

SIGNATURE: WILLIAM J. KELLY P 01/09/2007

() Delete