

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90207 048 \*\*\*150.00

<b>DOCUMENT # P03000000433</b>					
<b>1. Entity Name</b> SELLSTATE PRIORITY REALTY NETWORK, INC.					
<b>Principal Place of Business</b> 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990			<b>Mailing Address</b> 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990		
<b>2. Principal Place of Business - No P.O. Box #</b> 1805 Harbour Circle		<b>3. Mailing Address</b> 1805 Harbour Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Cape Coral, FL		<b>City &amp; State</b> Cape Coral, FL		<b>4. FEI Number</b> 01-0759895	
<b>Zip</b> 33914		<b>Country</b> Lee		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> SCHWAB, LYNETTE M	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <del>1631 DELPRADO BLVD., SUITE 401</del>	<b>CAPE CORAL, FL 33990</b>		<b>STREET ADDRESS</b> 1805 Harbour Circle	<b>33914</b>	
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b> ST	<b>NAME</b> SCHWAB, TIM J	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <del>1631 DELPRADO BLVD., SUITE 401</del>	<b>CAPE CORAL, FL 33990</b>		<b>STREET ADDRESS</b> 1805 Harbour Circle	<b>33914</b>	
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>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 or other like empowered.</b>					
<b>SIGNATURE:</b>			4-17-07    239-565-5848		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		