2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) FILED** Jan 25, 2007 08:00 AN Secretary of State DOCUMENT # P03000004188 1. Entity Name AA INTERNATIONAL REALTY, INC. Principal Place of Business Mailing Address 2759 SR 580 #113 837 BERKLEY COURT PALM HARBOR FL 34685 CLEARWATER FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 42-1568821 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BURLEY, CRAIG Street Address (P.O. Box Number is Not Acceptable) 2759 SR 580 **STE 113** CLEARWATER FL 33761 Zin Code 3. 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 Signature, typed or printed name of registered agent and title i applicable (NOTE Registered Agent signature required when reinstativity) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** 11111 Delete me ☐ Change Addition BURLEY, CRAIG NALI 837 BERKLEY COURT STREET ADDRESS STREET ADDRESS U00000603871 PALM HARBOR FL 34685 CHY SI ZIP CIEV SEZIP 150.00 HILL ☐ Delete 1111 Change ☐ Addition NAME STREET ADDRESS SINLE ADDITESS CHY SI 78º CITY-SI 78º ☐ Defete ımr Change ☐ Addition HHE NAME STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete Change ☐ Addition **}** NAM NAMI STREET ADDRESS STREET ADDRESS CITY SI ZIP CHY SE ZIP THE Delete IIIII. ☐ Change Addition MALS NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY SEZIP ☐ Change ☐ Delete HHE Addition IIILE NAM STREET ADDRESS STREET ADDRESS GITY-SI-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the ecciver 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.