2007 FOR PROFIT CORPORATION

May 07, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000021723** 05-07-2007 90067 042 ***150.00 1. Entity Name CELEBRITY REALTY, INC. Principal Place of Business Mailing Address 2715 EAST OAKLAND PARK BLVD. 2715 EAST OAKLAND PARK BLVD. SUITE 101 **SUITE 101** FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-2317002 Not Applicable Zip Country Zip 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 COLE, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 2701 NORTH OCEAN BLVD. #11C FORT LAUDERDALE, FL 33308 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Inted name of registered agent and title if applicable Signature, typed or \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition DENNIS, COLE L NAME NAME STREET ADDRESS STREET ADDRESS 2701 NORTH OCEAN BLVD. #11C FORT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 th an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

FILED