2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063428

Entity Name: EZREALTY OF PINELLAS, INC.

FILED May 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9965 STATE ROUTE 73 OTWAY, OH 45657

Current Mailing Address: New Mailing Address:

9965 STATE ROUTE 73 OTWAY, OH 45657

FEI Number: 06-1710921 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:

HOGAN, DEBRA L PRES
9965 STATE ROUTE 73
OTWAY, OH, FL 45652 US
HOGAN, DEBRA L PRES
5712 SALT KETTLE CRT
NEW PORT RICHEY, FL 34652 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: 05/20/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 KNEISS, DEBRA L
 Name:
 HOGAN, DEBRA L

 Address:
 9965 STATE ROUTE 73
 Address:
 9965 STATE ROUTE 73

 City-St-Zip:
 OTWAY, OH 45657
 City-St-Zip:
 OTWAY, OH 45657

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 KNEISS, DEBRA L
 Name:
 HOGAN, DEBRA L

 Address:
 9965 STATE ROUTE 73
 Address:
 9965 STATE ROUTE 73

 City-St-Zip:
 OTWAY, OH 45657
 City-St-Zip:
 OTWAY, OH 45657

 Name:
 KNEISS, DEBRA L
 Name:
 HOGAN, DEBRA L

 Address:
 9965 STATE ROUTE 73
 Address:
 9965 STATE ROUTE 73

 City-St-Zip:
 OTWAY, OH 45657
 City-St-Zip:
 OTWAY, OH 45657

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DEBRA L HOGAN PRES 05/20/2009