2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000070652

1. Entity Name

FIRST BANKERS REALTY & INVESTMENTS, INC



Principal Place of Business

6610 NORTH UNIVERSITY DRIVE

SUITE 220

FORT LAUDERDALE, FL 33321-4034

Mailing Address

6610 NORTH UNIVERSITY DRIVE

SUITE 220

FORT LAUDERDALE, FL 33321-4034

FILED May 10, 2007 08:00 AM Secretary of State



05072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0580780

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF MANNY SINGH, P.A. 6610 NORTH UNIVERSITY DRIVE SUITE 220

FORT LAUDERDALE, FL 33321-4034

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the tions of registered agent. | purpose of changing its registered | d office or | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|--|---|---|---|---|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and the | le // englicable /NOTE: Designated | Ament alonati | e required when remetating) | DATE |
| | and white a character of calminda admit a to the | (NOTE: Neglector | -Serie and rate | e required when remeating) | DAGE . |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | Election Campaign Financ Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | | | *************************************** | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SINGH, MANNY 6610 NORTH UNIVERSITY DR., #22 TAMARAC, FL 33321 | 20 | U00000763110 05/29/07-80041-021 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 03/23/01/00041/021 130.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TTILE NAME STREET ADDRESS | | 1911May | | | |

12. I hereby certify that the information supplied with this filing design 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 requirate 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 trustees suppowered a special effect 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 appear in Block 10 or Block 11 if changed.

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED BY MONTED NAME OF BIGMING OFFICER OR DIRECTO

May 07,207

177-122-1300