


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90036 044 \*\*\*150.00

**DOCUMENT # P03000102888**  
 1. Entity Name  
**ALEXA REALTY, INC.**



Principal Place of Business  
**1811 NORTH BELCHER RD  
 I-1  
 CLEARWATER, FL 33765 US**

Mailing Address  
**1623 WINDSOR PLACE  
 CLEARWATER, FL 33755 US**

**60006481**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**1811 North Belcher Rd  
 I-1**

01192007 Chg-P CR2E034 (12/06)

City & State  
**Clearwater FL ~~33765~~**

Zip Country  
**33765 US**

4. FEI Number  
**20-0233076**

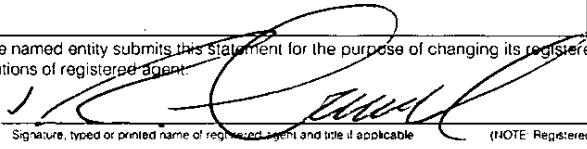
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GAWEL, ROBERT  
 1623 WINDSOR PLACE  
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent  
 Name **Gawel, Robert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**137 Lake Shore Dr N**  
 City **Palm Harbor FL** Zip Code **34684**

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.

SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GAWEL, ROBERT	1623 WINDSOR PLACE	CLEARWATER, FL 33755	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Gawel, Robert	137 Lake Shore Dr N	Palm Harbor, FL 33765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:  DATE: **1/19/07** DAYTIME PHONE #: **727-432-7653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR