

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113323

FILED
Apr 06, 2007
Secretary of State

Entity Name: MORE REFERRALS REALTY, INC.

Current Principal Place of Business:

11309 W. RIVERHAVEN DRIVE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

5212 S. SEABURY TERR
P. O. BOX 548
HOMOSASSA, FL 34487 US

Current Mailing Address:

11309 W. RIVERHAVEN DRIVE
HOMOSASSA, FL 34448 US

New Mailing Address:

P. O. BOX 548
HOMOSASSA, FL 34487 US

FEI Number: 55-0851328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ELAINE B
11309 W. RIVERHAVEN DR.
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

MOORE, ELAINE B
5219 S. STEVENS DR.
P. O. BOX 548
HOMOSASSA, FL 34487 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: ELAINE B. MOORE

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MOORE, ELAINE B
Address: 11309 W. RIVERHAVEN DR.
City-St-Zip: HOMOSASSA, FL 34448

Title: VP/D () Delete
Name: MOORE, MICHAEL D
Address: 11309 E. RIVERHAVEN DR.
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MOORE, ELAINE B
Address: 5219 S. STEVENS DR. P. O. BOX 548
City-St-Zip: HOMOSASSA, FL 34487

Title: VP/D (X) Change () Addition
Name: MOORE, MICHAEL D
Address: 5219 S. STEVENS DR. P. O. BOX 548
City-St-Zip: HOMOSASSA, FL 34487

I hereby certify that the information supplied with this filing does not qualify for the 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: ELAINE B. MOORE

P/D

04/06/2007

Electronic Signature of Signing Officer or Director

Date