2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P03000125084 04-26-2007 90207 017 ***150.00 INDIAN RIVER REAL ESTATE & ASSOCIATES, INC. Principal Place of Business Mailing Address 2036 14TH AVENUE 2036 14TH AVENUE SUITE 103 **SUITE 103** VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For FEI Number 20-0360297 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 Kanner Camille Lanner HENGESBAUGH, CAMILLE L Change to 2036 14TH AVENUE married name SUITE 103 VERO BEACH FL 32960 RID 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 Signature, type FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State Pres ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS Kanner, Camille 2036 14th Avenue PD Kanner TITLE 1911 ■ Addition HENGESBAUGH, CAMILLE Change to NAME NAME 2036 14TH AVENUE STREET ADDRESS STREET ADDRESS married name VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-7IP Vero Beach FL 32960 Vice President Change to Delete VD StalQuist Change 71111 TILLE Addition HENGESBAUGH, JAMIE Jamie Stalouist NAME NAME 2936 14 to Avenue 2036 14TH AVENUE STREET ADDRESS STREET ADDRESS married name Vero Beach, FL 32960 VERO BEACH FL 32960 CITY-ST-ZIP CITY-SI-ZIP VSTD Delete HHE ☐ Change Addition HUMMEL, NICOLE 2036 14TH AVENUE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY - ST - ZIP CITY ST 7IP 11111 BHE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-7(P IIILE ☐ Delete HRE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and adcurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or itsistee 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 otherwise empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR