2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P03000125983 1. Entity Name FIDELITY REAL ESTATE ADVISORS INCORPORATED Principal Place of Business Mailing Address 1051 WINDERLEY PLACE P.O. BOX 4360 SUITE 307 WINTER PARK, FL 32793 ŪS MAITLAND, FL 32751 CR2E034 (10/03) 04282005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2413313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RICHMOND, DAVID DO NOT WRITE 8217 HELENA DRIVE ORLANDO, FL 32817 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000348159 Trust Fund Contribution Added to Fees /02/05-80014-011 150.00 OFFICERS AND DIRECTORS 10. THILE RICHMOND, DAVID NAME P.O. BOX 4360 STREET ADDRESS WINTER PARK, FL 32793 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

FILED