


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90193 021 \*\*\*150.00

<b>DOCUMENT # P03000141687</b>	
1. Entity Name <b>INVESTORS' FRIEND REALTY INC.</b>	

Principal Place of Business <b>P O BOX 214 INDIAN ROCKS BEACH, FL 33785</b>	Mailing Address <b>P O BOX 40254 INDIAN ROCKS BEACH, FL 33785</b>
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2. Principal Place of Business - No P.O. Box # <b>P.O. Box 40254 St. Petersburg, FL 33743-0254</b>	3. Mailing Address <b>P.O. Box 40254 St. Petersburg, FL 33743-0254</b>
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City & State <b>St. Petersburg, FL</b>	City & State <b>St. Petersburg, FL</b>
Zip <b>33743</b>	Country <b>FL</b>



04222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>ROSS, J A 6262 EMERSON AVE S ST PETERSBURG, FL 33743</b>	
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7. Name and Address of New Registered Agent

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ROSS, JUDITH A POB 214 INDIAN ROCKS BEACH, FL 33785</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Judith A. Ross P.O. Box 40254 St. Petersburg, FL 33743-0254</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Judith A. Ross</b>	Date: <b>7-23-07</b>	Daytime Phone #: <b>727 743 7541</b>
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