2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2007 8:00 am Secretary of State 05-02-2007 90117 008 ***150.00

DOCUMENT # P0400005171 1. Entity Name ALL ISLAND REALTY, INC.							
Principal Place of Business		Mailing Address		PROTING			
13775 MARQUIS ROAD BOKEELIA, FL 33922 US		P.O. BOX 343 PINELAND, FL 33945 US		A HERITATE NA REI		BAKU ANIGI AKALIKUN IBAAI II	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suile, Apt. #, etc.		04162007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number APPLIED	FOR 20-0 (oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add Fee Require	
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
	RQUIS ROAD			s (P.O. Box Number i	s Not Acceptable)		
BOKEELIA, FL 33922							
	·.		City			FL Zip Cod	
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. Jum lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, those or protect name of registered agent and after shockcobe (NOTE Rejectored Agent agreeture required when remissions). Date							
FILE NOWILI FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	PVST OFFICERS ANI	Delete	III.	ADDITIONSTOR	TANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	FOYE, ERIKA 13775 MARQUIS ROAD BOKEELIA, FL 33922		NAME STREET ADDRESS CITY-ST-ZBP				
TITLE NAME SIPEET ADDRESS CITY-ST-ZIP	D FOYE, ERIKA 13775 MARQUIS ROAD BOKEELIA, FL 33922	☐ Delièle	TITLE MAME STREET ADDRESS CITY-SI-DP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Datele	MILE MAME STREET ADDRESS CITY-ST-2P			☐ Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-OP			☐ Change	☐ Addition
TIPLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITEE NAME SIREET ADDRESS CITY-ST-ZP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-78P			☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not quality 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 eddress, with all other like impowered.							
SIGNATURE:							