

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 003 ***150.00

DOCUMENT # P04000031169 1. Entity Name BONNIE FIRST REALTY INC																																			
Principal Place of Business 1060 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952		Mailing Address 1060 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952																																	
2. Principal Place of Business - No P.O. Box # 1198 SE Petunia Ave Suite, Apt. #, etc.		3. Mailing Address 1198 SE Petunia Ave Suite, Apt. #, etc.																																	
City & State PORT ST LUCIE, FL Zip 34952		City & State PORT ST. LUCIE, FL Zip 34952																																	
Country USA		Country USA																																	
4. FEI Number 32-0107794		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SHILD, BONNIE 1060 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Bonnie SHILD (same) Street Address (P.O. Box Number is Not Acceptable) 1198 SE Petunia Ave City PORT ST LUCIE FL Zip Code 34952																																	
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 Bonnie Shild <i>change of address only!</i> Bonnie SHILD 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P SHILD, BONNIE 1060 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHILD, BONNIE 1060 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1198 SE Petunia Ave PORT ST LUCIE, FL 34952 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1198 SE Petunia Ave PORT ST LUCIE, FL 34952														
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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: Bonnie Shild 4/22/08 (772) 201-0677 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			