2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058139

Entity Name: SCHMIDT REAL ESTATE INC.

1009 SYMPHONY ISLES BLVD.

APOLLO BEACH BLVD., FL 33572 US

Address: City-St-Zip: FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1009 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572 **Current Mailing Address: New Mailing Address:** P.O.BOX 3620 1009 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572 US APOLLO BEACH, FL 33572 US FEI Number: 11-3716452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, AARON A SCHMIDT, AARON A 821 SYMPHONY ISLES BLVD 557 BIMINI BAY BLVD. APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 US US 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. SIGNATURE: 05/01/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition SCHMIDT, AARON A SCHMIDT, AARON A Name: Name: 821 SYMPHONY ISLES BLVD Address: 557 BIMINI BAY BLVD. Address: City-St-Zip: APOLLO BEACH, FL 33572 US City-St-Zip: APOLLO BEACH, FL 33572 US () Delete Title: VΡ Title: () Change () Addition Name: SCHMIDT, ANDREW H Name: 1009 SYMPHONY ISLES BLVD. Address: Address: APOLLO BEACH BLVD., FL 33572 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SCHMIDT, GABRIEL S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANDREW SCHMIDT VP 05/01/2007