2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

ANNOAL KEI OKI					Secretary of State		
DOCU 1. Entity Nam REALITY		398			Secre	tary or State	
1	e of Business ERN LAKE AVENUE 102 L 32817	Mailing Address 10219 EASTERN LAKE AVENU ORLANDO, FL 32817	E 102				
DO NOT WRITE IN THIS SPACE			CE	01232007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent PURNELL, TAUNDRA 10219 EASTERN LAKE AVENUE 102 ORLANDO, FL 32817				IN T	HIS SPA	ACE	
8. The above the obligat SIGNATURE	tions of registered agent.	NOT WRITE IN THIS SPACE 4. FEI Number 20-1033108 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of Current Registered Agent UNDRA RN LAKE AVENUE 102 DO NOT WRITE IN THIS SPACE IN THIS SPACE and 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 of registered agent. NOTE, Registered Agent signature regulated when reinstaling) DATE DO NOT WRITE IN THIS SPACE ON THIS SPACE ON THIS SPACE NOTE, Registered Agent signature regulated when reinstaling) DATE ON THE STATE IN THIS SPACE ON THIS SPACE ON THIS SPACE ON THIS SPACE Added to Fees OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OPERINDELL, TAUNDRA 19 EASTERN LAKE AVENUE 102					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	ncing _ \$5	.00 May Be				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CEOP PURNELL, TAUNDRA				U0000060 02/01/07-80	8557 1016-006 150.00	
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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 AND TYPED OR PRINTED NAME OF SICALING OFFICER OR DIRECTOR

SIGNATURE

Kurnell

1-23-0