2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125914 Secretary of State 1 Entity Name 02-19-2007 90048 005 ***150.00 DEB HANSON REALTY, INC. Principal Place of Business Mailing Address 2709 SWOMP CABBAGE CT 9542 HEMINGWAY LANE 400T2020 FORT MYERS, FL 33913 FORT MYERS, FL 33901 3. Mailing Address 2. Principal Place of Business - No. P.O. Box # 2709 5 wamp Suite, Apt. #, etc. 13016 Milford Place Suite, Apt. #, etc. CR2E034 (12/06) 02022007 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Fort Mucrs 32-0125579 Fort Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required usa 3390 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hanson 02013 SCHUMANN, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) 27200 RIVERVIEW CENTER BLVD. SUITE 103 BONITA SPRINGS, FL. 34134 Zip Code 33913 Fort Myers 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD TITI E Change ☐ Addition TITLE ☐ Delete NAME HANSEN, RICHARD NAME HansonRichard 13014 Milford Place STREET ADDRESS STREET ADDRESS 10023 NMAJESTIC AVE FORT MYERS, FL 33913 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 Change | ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CICHATURE. Walls Home

DebraHanson

212107 239-810-1415

FILED

Feb 19, 2007 8:00 am