2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2007 08:00 A Secretary of State DOCUMENT # P04000133871 BOCA V.O. REALTY CORP. Principal Place of Business Mailing Address **5935 VINTAGE OAKS CIRCLE** 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1779137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BARRY, STANLEY 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 IN THIS SPACE B. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BARRY, MITCHELL NAME 5935 VINTAGE OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33480 VPST TITLE BARRY, RICHARD NAME U00000761326 05/25/07-80048-025 150.00 5935 VINTAGE OAKS CIRCLE STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 30 2007

No 6400

Daytime Phone #

FILED