


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90095 050 \*\*\*150.00

<b>DOCUMENT # P05000035928</b>		
1. Entity Name <b>BAILEY REAL ESTATE GROUP, INC.</b>		

Principal Place of Business <b>17646 75 PLACE NORTH LOXAHATCHEE, FL 33470</b>	Mailing Address <b>17646 75 PLACE NORTH LOXAHATCHEE, FL 33470</b>
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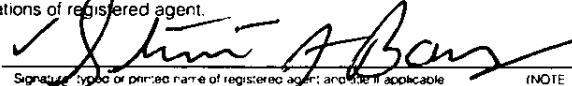
2. Principal Place of Business - No P.O. Box # <b>199 OAK CREEK WAY</b>	3. Mailing Address <b>199 OAK CREEK WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>DAWSONVILLE, GA.</b>	City & State <b>DAWSONVILLE, GA.</b>
Zip <b>30534</b>	Country <b>DAWSON</b>
Zip <b>30534</b>	Country <b>DAWSON</b>



03262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>BAILEY, STUART 17646 75 PLACE NORTH LOXAHATCHEE, FL 33470</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>Dawsonville</b> <b>FL</b> Zip Code	
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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  DATE **4-2-07**  
Signature typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAILEY, STUART 17646 75 PLACE NORTH LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BAILEY, NICHOLE 17646 75 PLACE NORTH LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TODD, CYNTHIA 357 LIANA DR. WEST PALM BEACH, FL 33415</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TODD, DONALD 357 LIANA DR. WEST PALM BEACH, FL 33415</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-2-07 706-924-4266**