2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000038487 1. Entity Name SANDY DINGLER REALTOR, INC. 07 APR 23 AM 9: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3608 SE 33 CT 3608 SE 33 CT OCALA, FL 34471 OCALA, FL 34471 No Chg-P CR2E034 (11/05) 02012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2489790 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DINGLER, SANDY DO NOT WRITE 3608 SE 33 CT OCALA, FL 34471 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when remetating) DATE 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. TULF DINGLER, SANDY NAME 3608 SE 33 CT STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP **000098564690** 04/25/07--01038--013 **150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7!P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 of 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 the improvement.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-7IP

MINISTER PRINTED MANE OF SIGNAMA DIFFICER OR DIRECTOR

3-12-07 352-427-6044

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