2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000042715

1. Entity Name
SWAN REAL ESTATE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5407 AVENAL DRIVE LUTZ, FL 33558	5407 AVENAL DRIVE LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

05292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2545846	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWANDA, THERESA L
5407 AVENAL DRIVE
LUTZ, FL 33558

DO NOT WRITE 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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWANDA, THERESA L
STREET ADDRESS	5407 AVENAL DR.
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	VPD
NAME	SWANDA, ROBERT J
STREET ADDRESS	5407 AVENAL DR.
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000766204
06/13/07-80001-001 150.00

DO NOT WRITE IN THIS SPACE

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: _____   6/6/07   813 843 3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #