

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90009 003 \*\*\*158.75

<b>DOCUMENT # P05000043414</b> 1. Entity Name <b>A1A INTERNET REALTY, INC.</b>			
Principal Place of Business <b>6099 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920</b>		Mailing Address <b>6099 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920</b>	
2. Principal Place of Business - No P.O. Box # <b>1980 N. Atlantic Ave</b>		3. Mailing Address <b>1980 N. Atlantic Ave.</b>	
Suite, Apt. #, etc. <b>Suite 707</b>		Suite, Apt. #, etc. <b>Suite 707</b>	
City & State <b>Cocoa Beach, FL</b>		City & State <b>Cocoa Beach, FL</b>	
Zip <b>32931</b>		Zip <b>32931</b>	
Country <b>Brevard</b>		Country <b>Brevard</b>	
4. FEI Number <b>20-2604073</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, AGATHA 23 FAIRWAY DRIVE COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Agatha Anderson, P</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEENAN, TAMISHA 350 JACK DRIVE COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, Agatha 23 Fairway Drive Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, AGATHA 23 FAIRWAY DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete <i>Changed</i>	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
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: <u>Agatha Anderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Agatha Anderson, P <u>2/26/17</u> (321) 784-7878 <small>Date Daytime Phone #</small>	