2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P05000044803

Entity Name: BRISTOL REAL ESTATE, INC.

Current Principal Place of Business:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

FEI Number: 20-2580435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 430
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DEBORAH PARSONS
449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US

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.

SIGNATURE: DEBORAH PARSONS 03/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLAN, AMNON
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: V ( ) Delete
Name: SCHACHTEL, SARI
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VS ( ) Delete
Name: DAVENPORT, RICHARD
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VT (X) Delete
Name: KLEIDER, ITZAK
Address: 451 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: V (X) Delete
Name: MAXINE, RABNEY J
Address: 11985 COLLIER BLVD. #5
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition
Name: GOLAN, AMNON
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: P (X) Change ( ) Addition
Name: KLEIDER, ITZIK
Address: 451 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VTAS (X) Change ( ) Addition
Name: DAVENPORT, RICHARD
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DAVENPORT VP 03/18/2009
Electronic Signature of Signing Officer or Director Date