


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90064 043 ***150.00

DOCUMENT # P05000056066 1. Entity Name KESSLER REAL ESTATE, INC.	
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Principal Place of Business 7350 SOUTH TAMiami TRAIL SUITE 189 SARASOTA, FL 34231	Mailing Address 7350 SOUTH TAMiami TRAIL SUITE 189 SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



07202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1247534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OOTEN, T.K.
7350 SOUTH TAMiami TRAIL SUITE 189
SARASOTA, FL 34231

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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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OOTEN, T.K. 7350 SOUTH TAMiami TRAIL SUITE 189 SARASOTA, FL 34231
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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 **07/26/2007** **650-8044**
Date Daytime Phone #