

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90036 050 \*\*\*158.75

<b>DOCUMENT # P05000089467</b>					
<b>1. Entity Name</b> VISTANCIA REALTY, INC.					
<b>Principal Place of Business</b> <del>4000 NORTH FEDERAL HIGHWAY</del> <del>SUITE 201</del> <del>BOCA RATON, FL 33431</del>			<b>Mailing Address</b> 4000 NORTH FEDERAL HIGHWAY SUITE 201 BOCA RATON, FL 33431		
<b>2. Principal Place of Business - No P.O. Box #</b> 6751 N FEDERAL HIGHWAY Suite, Apt. #, etc. 301		<b>3. Mailing Address</b> 6751 N FEDERAL HIGHWAY Suite, Apt. #, etc. 301			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		<b>4. FEI Number</b> NOT APPLICABLE	
Zip 33487		Country US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEVINE, JEFFREY A <del>4000 NORTH FEDERAL HIGHWAY</del> 6751 N FEDERAL HIGHWAY <del>SUITE 201</del> SUITE 301 <del>BOCA RATON, FL 33431</del> BOCA RATON, FL. 33487				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, JEFFREY A 4000 NORTH FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					