2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # P05000155753** 1. Entity Name 04-09-2007 90099 013 ***158.75 CLEARWATER HARBOR REALTY, INC. Principal Place of Business Mailing Address 601 CLEVELAND STREET **601 CLEVELAND STREET** SUITE 501-29 SUITE 501-29 CLEARWATER FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # SOUTH FORT HARRISON AVE 501 SOUTH FORTHARRISON Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-P CR2E034 (12/06) 21 UITEDII City & State 4. FEI Number City & State Applied For LEARWATER 02-0761766 Not Applicable Country 7/5A Zip Country \$8.75 Additional zg3756 5. Certificate of Status Desired 71.SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, RONALD WII Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 City Zip Code 8. The above named entiry submits the 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 ager SIGNATURE d agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GREGORY, DEBRA S NAME NAME STREET ADDRESS 732 SNUG ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DIDE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ппе ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 atlactment with a decrease, with all other like empowered.

CICMATHDE DEBRAS GREGORY PRESIDENT

FILED