


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90038 047 \*\*\*150.00

<b>DOCUMENT # P06000001756</b> 1. Entity Name <b>REDISCOVER REALTY, INC.</b>					
Principal Place of Business <b>7630 DUNBRIDGE DRIVE</b> <b>ODESSA, FL 33556 US</b>			Mailing Address <b>7630 DUNBRIDGE DRIVE</b> <b>ODESSA, FL 33556 US</b>		
2. Principal Place of Business - No P.O. Box # <b>27524 Cashford Cir</b>		3. Mailing Address Suite, Apt. #, etc. <b>102</b>			
City & State <b>Wesley Chapel, FL</b>		City & State <b>FL</b>		4. FEI Number <b>20-407 2726</b>	
Zip <b>33543</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT F. DIMARCO, CPA, PA</b> <b>3444 EAST LAKE ROAD</b> <b>SUITE 412</b> <b>PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name <b>Mauricio Galindo</b> Street Address (P.O. Box Number is Not Acceptable) <b>7630 Dunbridge Dr.</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</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. SIGNATURE <u>Mauricio Galindo President</u> <u>7/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S GALINDO, MAURICIO 7630 DUNBRIDGE DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S 	<input type="checkbox"/> Delete			
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>Mauricio Galindo</u> <u>7/12/07</u> <u>(813) 393-6478</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					