

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007621

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: BD REAL ESTATE ADVISORS INC.

## Current Principal Place of Business:

2049 POLO GARDENS DRIVE  
204  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

2395 CURLEY CUT  
WEST PALM BEACH, FL 33411 US

## Current Mailing Address:

7710 BLAIRWOOD CIR SO  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 20-4171630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, BARBARA J  
7710 BLAIRWOOD CIR SO  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DI CRISCI, ROBERT  
Address: 2049 POLO GARDENS DR.  
City-St-Zip: WELLINGTON, FL 33414 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DI CRISCI, ROBERT  
Address: 2395 CURLEY CUT  
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT DI CRISCI

PD

01/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date