## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 27, 2008 8:00 am Secretary of State DOCUMENT # P06000012506 05-27-2008 90038 010 \*\*\*150.00 DERBY REAL ESTATE INCORPORATED Mailing Address TEUCULUE Principal Place of Business 1125 LAKE SHORE DRIVE 3828 JOG ROAD GREENACRES, FL 33467 LAKE PARK, FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05212008 CR2E034 (12/06) Applied For City & State City & State 75.3207684 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent-DERBY, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 1125 LAKE SHORE DRIVE 103 LAKE PARK, FL 33403 Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE ☐ Change ☐ Addition NAME DERBY, GREGORY D NAME 1125 LAKE SHORE DRIVE APT. 103 STREET ADDRESS STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete RHE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED