
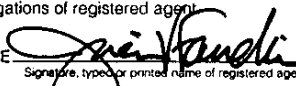
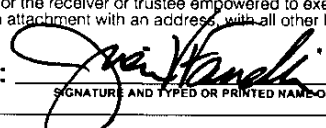


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 034 ***158.75

DOCUMENT # P06000015759 1. Entity Name BALLAST POINT REALTY, INC.					
Principal Place of Business 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940			Mailing Address 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4340393	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHADWICK, JAMES M 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940			7. Name and Address of New Registered Agent Name BALLAST POINT GROUP LLC Street Address (P.O. Box Number is Not Acceptable) 11300 4th Street N., Suite 200 City St. Petersburg FL Zip 33716		
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  Julie V. Fanelli 4/17/07 <small>Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHADWICK, JAMES M 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 337162940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Darian W. 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMBLER, M STEVEN 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 337162940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/CFO Semblar, M. Steven SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENE, BRUCE R 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 337162940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DivPres Keene, Bruce R. SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIBERTY, KIMET M 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 337162940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DeFries, Jean 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ruppel, Christian 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Slowik, Brian 11300 4th St. N., Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Julie V. Fanelli		4/17/07 727-577-9197	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40072151



04172007 Chg-P CR2E034 (12/06)

ATTACHMENT

40072191

2007 Uniform Business Report—cont.

#P06000015759

10. Officers and Directors	11. Additions/ Changes to Officers and Directors in 10
<input type="checkbox"/> Delete	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fanelli, Julie V. 11300 4 th St. N., Suite 130 St. Petersburg, FL 33716
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Ballast Point Realty, Inc..
P06000015759