
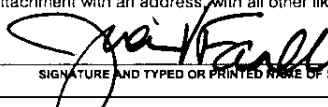


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90046 049 \*\*\*150.00

<b>DOCUMENT # P06000015759</b> 1. Entity Name <b>BALLAST POINT REALTY, INC.</b>					
Principal Place of Business <b>11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940</b>			Mailing Address <b>11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>20-4340393</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BALLAST POINT GROUP LLC 11300 FOURTH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716-2940</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JOHNSON, DARIAN W</b> <b>11300 FOURTH STREET NORTH SUITE 200</b> <b>ST PETERSBURG, FL 337162940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>SEMBLER, M STEVEN</b> <b>11300 FOURTH STREET NORTH SUITE 200</b> <b>ST PETERSBURG, FL 337162940</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>Sembler, M. Steven</b> <b>11300 Fourth Street North, Suite 200</b> <b>St. Petersburg, FL 33716</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KEENE, BRUCE R</b> <b>11300 FOURTH STREET NORTH SUITE 200</b> <b>ST PETERSBURG, FL 337162940</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Div P <b>Keene, Bruce R.</b> <b>11300 Fourth Street North, Suite 200</b> <b>St. Petersburg, FL 33716</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DEFRIES, JEAN</b> <b>11300 FOURTH STREET NORTH SUITE 200</b> <b>ST PETERSBURG, FL 337162940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RUPPEL, CHRISTIAN</b> <b>11300 4TH ST N SUITE 200</b> <b>SAINT PETERSBURG, FL 33716</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Div P <b>Ruppel, Christian</b> <b>11300 Fourth Street North, Suite 200</b> <b>St. Petersburg, FL 33716</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SLOWIK, BRIAN</b> <b>11300 4TH ST N SUITE 200</b> <b>SAINT PETERSBURG, FL 33716</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Hatcher, Graham</b> <b>11300 Fourth Street North, Suite 200</b> <b>St. Petersburg, FL 33716</b> <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: 			<b>Julie V. Fanelli</b> (727) 577-5522 Date: <b>3/14/08</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

40050476

#P06000015759

2008 Annual Report—cont.

10. Officers and Directors	11. Additions/ Changes to Officers and Directors in 10
<input type="checkbox"/> Delete	Div P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Krone, Norm 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716
<input type="checkbox"/> Delete	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mocsari, Richard 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716
<input type="checkbox"/> Delete	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fanelli, Julie V. 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716

Ballast Point Realty, Inc.  
#P06000015759