


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90026 034 ***150.00

DOCUMENT # P06000017202	
1. Entity Name FHI REALTY, INC.	

Principal Place of Business 938 COUNTRY CLUB BLVD., UNIT A CAPE CORAL, FL 33990 US	Mailing Address 938 COUNTRY CLUB BLVD., UNIT A CAPE CORAL, FL 33990 US
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40025093



2. Principal Place of Business - No P.O. Box # 7181 COLLEGE PKWY Suite, Apt. #, etc. SUITE 30 City & State FORT MYERS, FLORIDA Zip 33907 Country LEE	3. Mailing Address 7181 COLLEGE PKWY Suite, Apt. #, etc. SUITE 30 City & State FORT MYERS, FLORIDA Zip 33907 Country LEE
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01212008 Chg-P CR2E034 (12/06)

4. FE# Number 20-4256583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BONACCI, GINA E 938 COUNTRY CLUB BLVD., UNIT A CAPE CORAL, FL 33990
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7. Name and Address of New Registered Agent Name GINA E. BONACCI Street Address (P.O. Box Number is Not Acceptable) 7181 COLLEGE PKWY SUITE 30 City FORT MYERS FL Zip Code 33907
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→ CHANGE TO →

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)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONACCI, GINA E 938 COUNTRY CLUB BLVD., UNIT A CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINA E. BONACCI 7181 COLLEGE PKWY, SUITE 30 FORT MYERS, FLORIDA 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GINA E. BONACCI Date 2/10/2008 Day Phone #
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239-645-0508