


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000029729

1. Entity Name
BRADLEY'S REALTY, INC.



Principal Place of Business Mailing Address

8825 PERIMETER PARK BOULEVARD **8825 PERIMETER PARK BOULEVARD**
SUITE #403 **SUITE #403**
JACKSONVILLE, FL 32216 **JACKSONVILLE, FL 32216**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4393448	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRADLEY, LEE A SR
8825 PERIMETER PARK BOULEVARD
SUITE #403
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000775823
 01/08/08-80045-007 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, LEE A SR 8825 PERIMETER PARK BLVD., 403 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEMETH, DAVID A 2139 THE WOODS DRIVE EAST JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *David A. Nemeth* (**DAVID A. NEMETH**) **01-05-08** **(904) 854-4610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #