


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90839 041 ***150.00

DOCUMENT # P06000046218	
1. Entity Name PALM CITY HOMES REALTY, INC.	

Principal Place of Business 2215 SW MARTIN HIGHWAY PALM CITY, FL 34990	Mailing Address 2215 SW MARTIN HIGHWAY PALM CITY, FL 34990
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 515
Suite, Apt. #, etc.	Suite, Apt. #, etc. Palm City
City & State	City & State FL
Zip	Country
34991	MARTIN

40000107



04262007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0575264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HIGGINS, TROY A 2215 SW MARTIN HIGHWAY PALM CITY, FL 34990

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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
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10. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD HIGGINS, TROY A 2215 SW MARTIN HIGHWAY PALM CITY, FL 34990	
NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S HUBSCHMAN, MICHAEL 2215 SW MARTIN HIGHWAY PALM CITY, FL 34990	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY DOLOROSE M. RAY 2215 SW MARTIN HWY PALM CITY	<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

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:  **4/27/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR