2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000047011 FILED Jul 28, 2008 08:00 AM Secretary of State TAE REALTY INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. BOX 1740 15435 ARABIAN WAY MINNEOLA, FL 34755 MONTVERDE, FL 34756 07212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4611168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Salahat tan ili siya inta a dunay bara biyah Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EISELE, TIMOTHY A 15435 ARABIAN WAY MONTVERDE, FL 34756 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME EISELE, TIMOTHY A 15435 ARABIAN WAY STREET ADDRESS MONTVERDE, FL 34756 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 either like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/08

407-304-045

Daylime Phone #