2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 30, 2007 8:00 am DOCUMENT # P06000079468 Secretary of State 1. Entity Name 03-30-2007 90140 003 ***158.75 HAGGERTY REAL ESATE SERVICES, INC. Principal Place of Business Mailing Address 960 NW 8TH ST 960 NW 8TH ST **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 20 - 50 20 68 1 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agont, 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 signiture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD THUE HHI Change Addition Delete HAGGERTY, BRIAN P NAME МАМ 960 NW 8TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY_ST-7IP CITY ST ZIP 11111 ☐ Delete 100 ☐ Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THILE Delete STREET ADDRESS STREET | ADDRESS CITY ST ZIP CITY ST-ZIP Change TUTLE ☐ Defete HULF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP DILL ☐ Defete mu ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SL 7P CHY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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

nt with an address, with all other like empowered

if changed, or on an altack

SIGNATURE:

FILED