2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000084736 03-28-2007 90004 019 ***150.00 1. Entity Name GERACI TEAM REALTY, INC. Principal Place of Business Mailing Address 3501 DEL PRADO BLVD. 3501 DEL PRADO BLVD. SUITE 100 SUITE 100 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Cha-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-5087618 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERACI, SYLVANA Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD. SUITE 100 CAPE CORAL, FL 33904 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE SPEAR, TIMOTHY P NAME NAME 3501 DEL PRADO BLVD. SUITE 100 STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE GERACI, SYLVANA NAME NAME STREET ADDRESS 3501 DEL PRADO BLVD. SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SYLVANA GERACI, Discotos 3-21-07 Dayline Phone

FILED Mar 28, 2007 8:00 am