## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000094150

Entity Name: SIMPLY REAL, INC.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1525 N A1A 4061 LONG LEAF DRIVE APT 203 MELBOURNE, FL 32940

INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

1525 N A1A 4061 LONG LEAF DRIVE

APT 203 MELBOURNE, FL 32940 US INDIALANTIC, FL 32903

FEI Number: 20-5342194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BIRAN C HERNDON, PA
795 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984 US
BIRAN C HERNDON, PA
8418 S US HIGHWAY 1
PORT ST LUCIE, FL 34952 US

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.

SIGNATURE: 03/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition
Name: SOLINGER, ROSA Name: SOLINGER, ROSA
Address: 1525 N A1A # 203

 Address:
 1525 N A1A # 203
 Address:
 4061 LONG LEAF DRIVE

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 MELBOURNE, FL 32940 US

Title: ( ) Delete Title: CEO ( ) Change (X) Addition Name: SOLINGER, HAL D

 Name:
 Name:
 SOLINGER, HAL D

 Address:
 Address:
 4061 LONG LEAF DRIVE

 City-St-Zip:
 City-St-Zip:
 MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA SOLINGER DP 03/02/2007