

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156318

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: ANDERSON REAL ESTATE, PA

## Current Principal Place of Business:

202 EAST MORGAN STREET  
WADESBORO, NC 28170 US

## New Principal Place of Business:

## Current Mailing Address:

202 EAST MORGAN STREET  
WADESBORO, NC 28170 US

## New Mailing Address:

FEI Number: 56-1927671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, OLIN  
998 HASS AVENUE  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

RYE, MYERS A  
998 HASS AVENUE  
PALM BAY, FL 32907 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: RYE A MYERS

08/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, CARROLL  
Address: 202 EAST MORGAN STREET  
City-St-Zip: WADESBORO, NC 28170

Title: T ( ) Delete  
Name: ANDERSON, OLIN  
Address: 202 EAST MORGAN STREET  
City-St-Zip: WADESBORO, NC 28170

Title: S ( ) Delete  
Name: ANDERSON, OLIN  
Address: 202 EAST MORGAN STREET  
City-St-Zip: WADESBORO, NC 28170

Title: D ( ) Delete  
Name: ANDERSON, OLIN  
Address: 202 EAST MORGAN STREET  
City-St-Zip: WADESBORO, NC 28170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OLIN S ANDERSON

D

08/31/2007

Electronic Signature of Signing Officer or Director

Date