2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# P07000004170

Entity Name: POLK COUNTY REAL ESTATE INVESTORS ASSOCIATION, INC.

Current Principal Place of Business:

5110 SOUTH FLORIDA AVE., SUITE 105
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 90586
LAKELAND, FL 33804

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF MARK F. DAHLE, PA
5110 SOUTH FLORIDA AVE., SUITE 105
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____
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: D ( ) Delete
Name: WILLIAMS, THOMAS E
Address: P.O. BOX 2787
City-St-Zip: LAKELAND, FL 33806

Title: D ( ) Delete
Name: MOSS, ELIZABETH L
Address: P. O. BOX 92745
City-St-Zip: LAKELAND, FL 33804

Title: D ( ) Delete
Name: MCCREARY, GARY
Address: 6340 TOCOBEGA DR.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: KAHN, MARGARET
Address: P. O. BOX 92745
City-St-Zip: LAKELAND, FL 33804

Title: D ( ) Delete
Name: REHBERG, NINA E
Address: 311 CRESAP ST.
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Delete
Name: CARPENTER, CHARLES R
Address: 320 WGTO TOWER RD.
City-St-Zip: POLK CITY, FL 33868

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:

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: THOMAS WILLIAMS D 05/27/2008
Electronic Signature of Signing Officer or Director — Date