2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2008 8:00 am Secretary of State **DOCUMENT # P07000042572** 03-03-2008 90193 010 ***150.00 BRITE REALTY CORP. Principal Place of Business Mailing Address 16125 VILLA VIZCAYA PLACE DELRAY BEACH FL 33446 16125 VILLA VIZCAYA PLACE DELRAY BEACH FL 33446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FE! Number 20-8788117 Not Applicable Zip Country 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 Name FINGER, GERALD. Street Address (P.O. Box Number is Not Acceptable) 16125 VILLA VIZCAYA PLACE DELRAY, BEACH FL 33446 Zip Code 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, types or printed name of registered agent and title if amplicable. (NOTE: Registered Agent signature required when reinclating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE ☐ Defete ппв Addition FINGER, GERALD NAME NAME 16125 VILLA VIZCAYA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP ☐ Deiele TITLE ☐ Change □ Addition FINGER, GERALD NAME STREET ADDRESS 16125 VILLA VIZCAYA PLACE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Deiete ☐ Change · ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED

Daveme Phone 4