2008 FOR PROFIT CORPORATION

Apr 25, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P07000125260 04-25-2008 90143 004 ***150.00 1. Entity Name PYTHA REALTY CORP Principal Place of Business Mailing Address 831 N. ATLANTIC AVE. 831 N. ATLANTIC AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 813 N. ATLANTER 813 N. ATTHATTE AYE Suite, Apt. #, etc. Suite, Apt. #, etc 04162008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For OCOM BENC 26-145051 OCOA BEACH, Not Applicable \$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 --TIMOTHY MICHAEL ANTHONY FARO, P.A. Street Address (P.O. Box Number is Not Acceptable) 503 N. ORLANDO AVENUE a. ATUMATIC **SUITE 106** COCOA BEACH, FL 32931 BEACH COCOA 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 TEMOTHY MUNUS red 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE TITLE ☐ Change ☐ Addition Delete NAME LEMON, RICHARD NAME 503 N. ORLANDO AVENUE, SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCOA BEACH, FL 32931 CITY-ST-7IP VP/D TITLE ☐ Delete TITLE Change ■ Addition MURRAY, TIMOTHY NAME NAME 503 N. ORLANDO AVENUE, SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-S1-7/P TS/D TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME LEMON, DAVID NAME STREET ADDRESS 503 N. ORLANDO AVENUE, SUITE 106 STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S7-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 people 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.

TEMOTHY

SIGNATURE:

D TYPED OR PR

FILED