2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P08000007977

Entity Name: SELLERREALESTATE.COM, INC.

Current Principal Place of Business:

2309 S MAC DILL AVE, STE 104
TAMPA, FL 336298514

New Principal Place of Business:

2309 S MAC DILL AVE, STE 104
TAMPA, FL 336295918

Current Mailing Address:

2309 S MAC DILL AVE, STE 104
TAMPA, FL 336298514

New Mailing Address:

2309 S MAC DILL AVE, STE 104
TAMPA, FL 336295918

FEI Number: 32-0231829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, SHARON LYNNE
4005 SEVILLA STREET WEST
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, SHARON LYNNE
Address: 4005 SEVILLA STREET WEST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: THOMAS, SHARON LYNNE
Address: 4005 SEVILLA STREET WEST
City-St-Zip: TAMPA, FL 33629

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: SHARON LYNNE THOMAS PRES 02/03/2009

Electronic Signature of Signing Officer or Director — Date