


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P12672		
1. Entity Name SUNSET REALTY CORP.		
Principal Place of Business 7181 COLLEGE PKWY STE 38 FT. MYERS, FL 33907 US	Mailing Address 7181 COLLEGE PKWY STE 38 FT. MYERS, FL 33907 US	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3007115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000776160
01/09/08-80010-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD SCHWARTZ, STEPHEN L. 400 KELBY STREET 16TH FL FORT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN CLIEF, MARY ANN 400 KELBY STREET, 16TH FL FORT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS BIGGS, VICTOR 7181-38 COLLEGE PKWY FORT MYERS, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HALL, VALERIE 7181 COLLEGE PKWY, STE 38 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, KAREN 400 KELBY STREET, 16TH FL FORT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIGOREANU, MARIA 400 KELBY STREET, 16TH FL FORT LEE, NJ 07024

DO NOT WRITE IN THIS SPACE

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 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

Valerie A. Hall, V.P. 1-7-08 239-275-0002