2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P20463 04-27-2007 90220 011 ***150.00 INDEPENDENT MORTGAGE & REALTY CORPORATION Principal Place of Business Mailing Address 40087140 1031 W MORSE BLVD 1031 W MORSE BLVD SUITE 300 SUITE 300 WINTER PARK, FL 32789 HS WINTER PARK, FL 32789 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 31-1199359 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOULTON, LESLEY Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD. SUITE 300 WINTER PARK, FL 32789 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition ☐ Change TITLE Delete THIE BARNES, JAMES T., JR. NAME NAME 1031 W. MORSE BLVD. STE 300 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP WINTER PARK, FL CITY-ST-ZIP ☐ Channe ☐ Addition Delete TITEE TITLE MOULTON, LESLEY NAME NAME STREET ADDRESS 1031 W MORSE BLVD #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL Change Change Addition TITLE ☐ Delete TITLE BARNES, DIANA NAME NAME STREET ADDRESS 1031 W MORSE BLVD. # 300 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

T. BARNES Jr. 4/24/2007

FILED