2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P27560

1. Entity Name

AYK REAL ESTATE CORP.



Principal Place of Business

C/O UNITED CORPORATE SRVS., INC 874 WALKER RD STE C DOVER, DE 19904 Mailing Address

C/O UNITED CORPORATE SRVS., INC 874 WALKER RD STE C DOVER, DE 19904

FILED Apr 09, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KANSTOR, GEORGE 5251 N.W. 103RD AVENUE SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

| 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 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | \$5.00 May Be | U00000696430 04/17/07-80038-012 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KANSTOR, GEORGE 5251 NW 103RD AVE SUNRISE, FL 33351 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KANSTOR, ALICE 5251 NW 103RD AVE SUNRISE, FL 33351 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TIJLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| Title 1 | • • | | | | , |

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 adoless, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

4/2/07

Date

954-7499 ///

Daytime Phone