


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90041 041 \*\*\*150.00

DOCUMENT # P92000015029	
1. Entity Name DRYSDALE REALTY, INC.	

Principal Place of Business 11328 OKEECHOBEE BLVD SUITE 5 WEST PALM BEACH, FL 33411	Mailing Address 11328 OKEECHOBEE BLVD SUITE 5 WEST PALM BEACH, FL 33411
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2. Principal Place of Business - No P.O. Box # <b>13650 6TH COURT NORTH</b>	3. Mailing Address <b>13650 6TH COURT NORTH</b>
Suite, Apt. #, etc. <b>SUITE A</b>	Suite, Apt. #, etc. <b>SUITE A</b>
City & State <b>LOXAHATCHEE FL</b>	City & State <b>LOXAHATCHEE FL</b>
Zip <b>33470</b> Country <b>USA</b>	Zip <b>33470</b> Country <b>USA</b>



04282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0379222</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>GAREAU, KEVIN N</b> <b>11328 OCKECHOBEE BLVD STE 5</b> <b>ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>KEVIN N GAREAU</b> Street Address (P.O. Box Number is Not Acceptable) <b>13650 6th COURT NORTH, SUITE A</b> City <b>LOXAHATCHEE FL</b> Zip Code <b>33470</b>

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 Kevin N. Gareau **KEVIN N. GAREAU OFFICE MANAGER** 4/28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DRYSDALE, NANCY C <input type="checkbox"/> Delete 11328 OKEECHOBEE BLVD SUITE 5 ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NANCY C DRYSDALE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13650 6TH COURT NORTH, SUITE A LOXAHATCHEE FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy C Drysdale **PRESIDENT, SEC, TREASURER** 4/28/08 561-793-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #