FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002922 (1)

RETIREMENT REALTY CORP.

Principal Place of Business

24790 LAKEMONT COVE LANE #102 BONITA SPRINGS FL 34134 US Mailing Address

24790 LAKEMONT\COVE LANE #102 BONITA SPRINGS N. 34134-2917

FILED Apr 28 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1993 03/29/1996	
2. Principal Place of Business	2a. Mailing Address	0.44. ~	4. FEI Number	Applied For
21 3501 CHUNCEBERRY CON	4 26 3501 CM	WOLFBOOK CT.	65-0377939	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 BOMPA SPUMS P	City & State BOKIN S	PHUS PL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip U 174 c Country VCA.	7(p 34124	Country	8. This corporation has liability for inl	
9. Name and Address of Curre		30 (///	10. Name and Address of New Regi	Yes To Vy
ANTARON COMMAND		81 Name	10. Name and Address of New Regi	stered Agent r
MITNICK, EDWARD				
8505 F PARKYEW DR 3501 CANDLEBOREY CT. BOCA BATON FL-83433 BYLLTH SPECIES FELLOS 3412		82 Street Address (P.O. Box Number is Not Acceptable)		
BUCK BATONTE 33433	83	83		
l Herria I i i i i i i i i i i i i i i i i i i	34/2	24		
		B4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s. the above-named corpo	oration submits this statement for the pur	roose of changing its registered
office or registered agent, or both, in the Stat	to of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporation	on's board of directors. I hereby accept	the appointment as registered
Male 1 h =		rida Statutes.	riplice 4/	2197
SIGNATURE Signature, typed or orinted name of registered a		SOUMAND M Registered Agent signature require	d when reinstating)	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE P	DELETE	1.1 THUE		Change Addition
NAME MITNICK, EDWARD		12 NAME		
STREET ADDRESS 5760 WINDRIFT LANE 3 50/	CHHOLESSAM CO	1.3 \$1REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOG RATION FL MITNICK, EUWARD 5760 WINDRIFT LANE 3 521 BOGA RATON FL	VIA STATES OF	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		,
CITY-ST-ZIP		2 ≠ CHY-ST-ZIP		•
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CHY-ST-ZIP		
TITLE .	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City- St - ZIP		
TITLE	DELETE	51 THLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELFTE	6.1 Tritt		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		
14. I do hereby certify that the information suppli	ed with this filing does not qualify		in Section 119.07(3)(i). Florida Statutes	I further certify that the

Information indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

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4/22/07 OMI-498-6681