
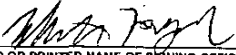


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90108 015 \*\*\*150.00

<b>DOCUMENT # P93000011184</b> 1. Entity Name <b>WINTMART REALTY CORP.</b>					
Principal Place of Business <b>200 WEST FORSYTH STREET SUITE 1600 JACKSONVILLE, FL 32202</b>			Mailing Address <b>275 MADISON AVENUE 30TH FLOOR NEW YORK, NY 10016 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1050 Riverside Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312007    Chg-P    CR2E034 (12/06)	
City & State <b>Jacksonville, FL.</b>		City & State		4. FEI Number <b>13-3711031</b>	
Zip <b>32204</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOUSTON, CLARENCE H JR 200 WEST FORSYTH STREET SUITE 1600 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Houston, Clarence H. JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1050 Riverside Avenue</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOUSTON, CLARENCE H JR</b> <b>200 W. FORSYTH ST.#1600</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FORGASH, JACK</b> <b>275 MADISON AVE., 30TH FLOOR</b> <b>NEW YORK, NY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FORGASH, ELLIOTT</b> <b>275 MADISON AVE, 30TH FLOOR</b> <b>NEW YORK, NY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <b>1/31/07</b> Daytime Phone # <b>212 490 0050</b>		