


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90029 010 ***150.00

DOCUMENT # P93000029415		
1. Entity Name NATIONS REALTY CORP., INC.		

Principal Place of Business 1351 SANDSPUR RD MAITLAND, FL 32751 US	Mailing Address P.O. BOX 1961 ORLANDO, FL 32802-4961 XXXXXXXXXXXXXXXXXXXX
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54013141

2. Principal Place of Business 7200 Lake Ellenor Drive Suite, Apt. #, etc. Suite #241 City & State Orlando, Florida Zip 32809 Country USA	3. Mailing Address 7200 Lake Ellenor Drive Suite, Apt. #, etc. Suite #241 City & State Orlando, Florida Zip 32809 Country USA
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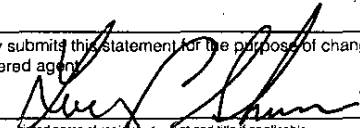


02262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3178258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent B&C CORP. SERVICES OF CENTRAL FLORIDA INC. 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Walker & Tudhope, P.A. Street Address (P.O. Box Number is Not Acceptable) 1053 Maitland Center Commons Blvd Suite 200 City Maitland, FL Zip Code 32809
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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:  DATE: 2/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	CHASSIAN, ALAN H. 1351 SANDSPUR RD MAITLAND, FL 32751 <input checked="" 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	PSTD SHASSIAN, LOUIS P <input type="checkbox"/> Delete 1551 SANDSPUR RD MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Shassian, Louis P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 Lake Ellenor Drive, Suite #241 Orlando, Florida 32809 <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 exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other fee empowered.

SIGNATURE:  DATE: 2/26/04 (407) 816-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #