

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90020 004 ***150.00

DOCUMENT # P93000035416 1. Entity Name DEXTER REALTY, INC.																																																																																																																																							
Principal Place of Business 100 BALLENNISLES DRIVE 100 PALM BEACH GARDENS, FL 33418		Mailing Address 3950 RCA BLVD 5000 PALM BEACH GARDENS, FL 33410																																																																																																																																					
2. Principal Place of Business - No P.O. Box # 3950 RCA BLVD STE 5000 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																					
City & State PALM BEACH GARDENS, FL Zip 33410		City & State Zip Country																																																																																																																																					
4. FEI Number 65-0417781		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 GARY, JOHN W. III 701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																					
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>																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">S</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARY, JOHN W. I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 US HIGHWAY 1, SUITE 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">CD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BILLS, JOHN C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 PGA BOULEVARD, SUITE 280</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BILLS, JOHN C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3950 RCA BLVD STE 5000</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	S	<input type="checkbox"/> Delete	NAME	GARY, JOHN W. I		STREET ADDRESS	701 US HIGHWAY 1, SUITE 402		CITY-ST-ZIP	NORTH PALM BEACH, FL		TITLE	CD	<input type="checkbox"/> Delete	NAME	BILLS, JOHN C		STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		TITLE	P	<input type="checkbox"/> Delete	NAME	BILLS, JOHN C		STREET ADDRESS	3950 RCA BLVD STE 5000		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3950 RCA BLVD STE 5000</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BILL, JOHN CLARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3950 RCA BLVD STE 5000		CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BILL, JOHN CLARK		STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																					
NAME	GARY, JOHN W. I																																																																																																																																						
STREET ADDRESS	701 US HIGHWAY 1, SUITE 402																																																																																																																																						
CITY-ST-ZIP	NORTH PALM BEACH, FL																																																																																																																																						
TITLE	CD	<input type="checkbox"/> Delete																																																																																																																																					
NAME	BILLS, JOHN C																																																																																																																																						
STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280																																																																																																																																						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410																																																																																																																																						
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																					
NAME	BILLS, JOHN C																																																																																																																																						
STREET ADDRESS	3950 RCA BLVD STE 5000																																																																																																																																						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS	3950 RCA BLVD STE 5000																																																																																																																																						
CITY-ST-ZIP																																																																																																																																							
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME	BILL, JOHN CLARK																																																																																																																																						
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
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: 		Date: 4/18/07 Daytime Phone #: 561-627-7551																																																																																																																																					