2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 01-16-2007 90188 004 ***150.00 **DOCUMENT # P93000084379** THE PRESERVE REALTY, INC. Principal Place of Business Mailing Address 2201 CANTU COURT 2201 CANTU COURT 40002373 **STE 104** STE 104 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0454981 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARLING, FRED M Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT SUITE 200 SARASOTA, FL 34232 2201 CANTU COURT, SUITE 104 SARASOTA Zip Code 34232 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete Change Addition STARLING, FRED M NAME NAME STREET ADDRESS 2201 CANTU COURT STE 104 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE

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12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Davtime Phone #