2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 23, 2008 08:00 AN **DOCUMENT # P94000012538 Secretary of State** 1. Entity Name REALMARK MANAGEMENT, INC. Principal Place of Business Mailing Address 4127 NW 27TH LN. PO BOX 357845 GAINESVILLE, FL 32635 SUITE A GAINESVILLE, FL 32606 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3226597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPS TITLE LEE, DENNIS G STREET ADDRESS 4127 NW 27TH LN., SUITE A CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE 000000791781 01/23/08-80089-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TETT E NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

Dennis G. Lee 1/21/8

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