2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P94000048522 t. Entity Name VIEWPOINT COMMERCIAL REALTY, INC. Principal Place of Business Mailing Address 645 BAY WAY BLVD 645 BAY WAY BLVD CLEARWATER BEACH FL 33767 SUITE 210 CLEARWATER BEACH FL 33767 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3252324 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILLIS, RODERICK J III Street Address (P.O. Box Number is Not Acceptable) 108 PÓINCIANA LANE LARGO FL 33770 City Zip Code 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 use if applicable, (NOTE: Registered Appril signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition GILLIS, RODERICK J NAME NAME U00000909497 STREET ADDRESS 108 POINCIANA LANE STREET ADDRESS 05/06/08-80072-023 150.00 BELLEAIR BLUFFS FL 33770 CITY-ST-7IP CITY-ST-ZIP **VSD** TITLE Delete Change Addition TITLE NAME GILLIS, GEORGETTE L NAME STREET ADDRESS 108 POINCIANA LANE STREET ADDRESS CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** CITY-ST-ZIP TITLE Change ☐ Delete TIPLE Addition MAME MAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MARKE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY+ST+ZIP TITLE Deicte TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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