


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000048819 1. Entity Name ALLEN REALTY, INC.		
Principal Place of Business 9413 PALESTRO STREET LAKE WORTH, FL 33467 US	Mailing Address 9413 PALESTRO STREET LAKE WORTH, FL 33467 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PEARL, ALLEN 9413 PALESTRO STREET LAKE WORTH, FL 33467		DO NOT WRITE 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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARL, ALLEN 9413 PALESTRO ST. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARL, SANDRA 9413 PALESTRO ST. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Allen Pearl</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/21/07</u> <small>Date</small> 561-649-0804 <small>Daytime Phone #</small>



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0508893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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08/23/07 00005 010 150.00

**DO NOT WRITE
IN THIS SPACE**

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