

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT.# P94000048819</b>	
1. Entity Name <b>ALLEN REALTY, INC.</b>	



Principal Place of Business <b>9413 PALESTRO STREET LAKE WORTH, FL 33467 US</b>	Mailing Address <b>9413 PALESTRO STREET LAKE WORTH, FL 33467 US</b>
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**DO NOT WRITE IN THIS SPACE**

FILED  
08 SEP 25 PM 2: 02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



09162008 No Chg-P CR2E034 (11/05)

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	<i>9/25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**800136339488**  
09/25/08--01040--016 \*\*150.00

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IN THIS SPACE**

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:** *Sandra Pearl* **Sandra Pearl** *9/16/08* **561-649-0804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #