2007 FOR PROFIT CORPORATION

Apr 16, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P94000088043** C B ISAAC REALTY INC. Principal Place of Business Mailing Address 8706 STATE ROAD 21 **POST OFFICE BOX 748** MELROSE, FL 32666 MELROSE, FL 32666 No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3282463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ISAAC, CLINTON B DO NOT WRITE 8706 STATE ROAD 21 MELROSE, FL 32666 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ISAAC, CLINTON B NAME STREET ADDRESS 8706 SR 21 PO BOX 748 CITY-ST-ZIP MELROSE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000711036 04/25/07-80067-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this fiting 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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