2007 FOR PROFIT CORPORATION

ANNUAL REPORT Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P94000089734 Entity Name CRAVEN REALTY, INC. Principal Place of Business Mailing Address 3088 N. CARL G. ROSE HIGHWAY 3088 N. CARL G. ROSE HIGHWAY HERNANDO, FL 34442 HERNANDO, FL 34442 No Chg-P CR2E034 (11/05) 03192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3291509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAVEN, SKIP DO NOT WRITE 3088 N. CARL G. ROSE HIGHWAY HERNANDO, FL 34442 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 NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000685317 Trust Fund Contribution. Added to Fees 04/06/07-20067-025 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME CRAVEN, SKIP 3088 N. CARL G. ROSE HIGHWAY STREET ADDRESS HERNANDO, FL 34442 CITY-ST-ZIP 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 TITLE NAME

12. I hereby certify that the information supplied with this filing does not quarry 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 significant 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 eport as populared 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 expowered.

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP

Skip Craven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

3/19/07

(352)726-1515

Date

Daytime Phone #

FILED