2007 FOR PROFIT CORPORATION ANNUAL REPORT .

FILED Feb 05, 2007 08:00 AM Secretary of State **DOCUMENT # P95000023094** 1. Entity Name LENIT REAL ESTATE, INC. Principal Place of Business Mailing Address 5044 S.E. HORSESHOE POINT RD. 5044 S.E. HORSESHOE POINT RD. STUART, FL 34997 STUART, FL 34997 CR2E034 (11/05) 01312007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0573072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LENIT, REID DO NOT WRITE 5044 S.E. HORSESHOE POINT RD. STUART, FL 34997 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 trile if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PTSC TITLE LENIT, REID NAME STREET ADDRESS 5044 S.E. HORSESHOE POINT RD. 0000000621102 CITY-ST-ZIP STUART, FL 34997 02%12%07%80803%015%150:do TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 tike empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP