## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 08:00 AM Secretary of State

	ANNUA				1	_ C		200 / .to.w.	f Ctat
DOCU I. Entity Nam	MENT # P9500006	7615					secre	tary o	n Stat
	COMMERCIAL REALTY,	INC.							
Principal Plac	e of Business	Mailing Address							
500 S FLORI	IDA AVE	500 S FLORIDA AVE							
STE 700 Lakeland, F	FL 33801	STE 700 Lakeland, FL 33801							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					2411 13010 3112, 1120, 344,000, 11 44-1		
					02052007	Chg-P	CRZE	(12/06)	antiad For
City & Stat		City & State			4. FEI Number 59-3326			<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	<b>D</b>	\$8.75 Add	
	6. Name and Address of Current	t Registered Agent	None		7. Name and	Address of New	Registered	Agent	
	NE, PETER A PA		Name						
500 S FLORIDA AVE STE 715			Street	Address (f	P.O. Box Number	is Not Acceptat	ole)		
	D, FL 33801								
			City			- "	F	Zip Cod	le
	named entity submits this statement for	or the purpose of changing its	s registered office o	r register	ed agent, or both	, in the State of F	Florida. I ar	n familiar with,	and accept
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered office of	or register	ed agent, or both	, in the State of F	Florida. I ar	n familiar with,	and accept
	tions of registered agent.					i, in the State of F			and accept
the obligat			s registered office of the control o			i, in the State of F	Florida. I ar		and accept
the obligat	Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00	t and title if applicable. (NOT	re: Registered Agent signs	ature required	when reinstating)	i, in the State of F			and accept
the obligat SIGNATURE_ FILL After Ma	Lions of registered agent.  Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00  By 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con	FE: Registered Agent signs sign Financing tribution.	ature required	00 May Be ad to Fees		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1 19, 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: \( \square\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/36/07 863-647-1581 Dayling Phone •