2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2007 8:00 am Secretary of State DOCUMENT # P95000088929 03-30-2007 90127 010 ***158.75 LEE WETHERINGTON REALTY, INC. Principal Place of Business Mailing Address 4004000 6009 BUSINESS BLVD 6009 BUSINESS BLVD SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0627144 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SABA, RICHARD D **2033 MAIN ST** Street Address (P.O. Box Number is Not Acceptable) **STE 303** SARASOTA, FL 34237 City Zip Code 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 rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition WETHERINGTON, LELAND C NAME STREET ADORESS 6009 BUSINESS BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DAVIE, CECELIA NAME NAME STREET ADDRESS 6009 BUSINESS BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition HAGER, WILLIAM B NAME NAME STREET ADDRESS 6009 BUSINESS BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CANNON, MATTHEW S NAME 6009 BUSINESS BLVD STREET ADDRESS STREET ADDRESS CITY-S1-ZIP SARASOTA, FL 34240 CiTY-ST-7IP TITEE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change C Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental perfort 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 operations are under the exemption of the corporation or the receiver operation or the receiver operation of the corporation or the receiver operation of the corporation or the receiver operation of the corporation or an attachment with any address, with all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO