



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000094349 1. Entity Name SERVANT'S HEART REALTY, INC.			
Principal Place of Business 18371 PLUMBAGO CT LEHIGH ACRES, FL 33936		Mailing Address 18371 PLUMBAGO CT LEHIGH ACRES, FL 33936	
DO NOT WRITE IN THIS SPACE		 01112007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0636262		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, LINDA S 45 N ALABAMA RD STE 5 LEHIGH ACRES, FL 33936		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000607917 01/31/07-80056-025 150.00	
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	ROMAN, SANDRA L		
STREET ADDRESS	18371 PLUMBAGO CT		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
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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 like empowered.			
SIGNATURE: <i>Sandra L. Roman, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-25-07 239 369-6161 <small>Date Daytime Phone #</small>	