

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90069 033 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P95000097285</b><br>1. Entity Name<br><b>ROMANACH REALTY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     |                                                                                                                                                                                                                                       |  |  |
| Principal Place of Business<br><b>7345 SAND LAKE RD<br/>SUITE #310<br/>ORLANDO, FL 32819 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                     | Mailing Address<br><b>7345 SAND LAKE RD<br/>SUITE #310<br/>ORLANDO, FL 32819 US</b>                                                                                                                                                   |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7345 Sand Lake Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | 3. Mailing Address<br><b>7345 Sand Lake Rd</b>                                      |                                                                                                                                                                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.<br><b>Suite # 314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | Suite, Apt. #, etc.<br><b>Suite # 314</b>                                           |                                                                                                                                                                                                                                       |                                                                                   |  |
| City & State<br><b>Orlando, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | City & State<br><b>Orlando FL</b>                                                   |                                                                                                                                                                                                                                       |                                                                                   |  |
| Zip<br><b>32819</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | Country<br><b>US</b>                                                                |                                                                                                                                                                                                                                       | Zip<br><b>32819</b>                                                               |  |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | Country<br><b>US</b>                                                                |                                                                                                                                                                                                                                       |                                                                                   |  |
| 4. FEI Number<br><b>59-3354275</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROMANACH, FRANCISCO<br/>10020 N FULTON CT<br/>ORLANDO, FL 32836</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D<br/>ROMANACH, FRANCISCO<br/>10020 N FULTON CT<br/>ORLANDO, FL 32836</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |                                                                              |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b> <u>Francisco Romanach, Francisco Romanach 2/23/07</u> (407) 352-2114<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     |                                                                                                                                                                                                                                       |                                                                                   |  |