2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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1. Entity Name CERTIFIED REALTY, INC.



Principal Place of Business

Mailing Address

211 ASH AVE

MELBOURNE BEACH, FL 32951

P.O. BOX 510247

MELBOURNE BEACH, FL 32951

01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3373372

Applied For Not Applicable

5. Certificate of Status Desired

Y

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PARKER, JEFFERY T 211 ASH AVE MLEBOURNE BCH, FL 32951

DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the p tions of registered agent.	surpose of changing its registers	ed office or re	agistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required with					n reinstating) DATE			
FIL After Ma	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS					<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PARKER, JEFFERY T 211 ASH AVE MELBOURNE BEACH, FL 32951) - 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINKLER, DANIEL 119 SIGNATURE DR MELBOURNE BEACH, FL 32951				U00000586666 01/17/07-80002-006 158.75			
TITLE NAME								

DO NOT WRITE IN THIS SPACE

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

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF THE STREET ADDRESS
CITY-ST-ZIP

TITLE

JEFF PANKEN

1-11-07

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Date

Daytime Phone #