


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90434 017 ***150.00

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| DOCUMENT # P96000045470 |  |
| 1. Entity Name THOMAS ASSOCIATES REALTY INC. | |

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| Principal Place of Business 3773 CENTRAL AVENUE SUITE #A673 ST. PETERSBURG, FL 33713-8338 | Mailing Address 3773 CENTRAL AVENUE SUITE #A673 ST. PETERSBURG, FL 33713-8338 |
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| 2. Principal Place of Business - No P.O. Box # 8950 Dr MLK ST North | 3. Mailing Address PO BOX 55368 |
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| Suite, Apt. #, etc. Suite #130 | Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State St Petersburg FL | City & State St Petersburg FL |
|----------------------------------|----------------------------------|

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|--------------|----------------|--------------|----------------|
| Zip 33702 | Country USA | Zip 33732 | Country USA |
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04222007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-3385703 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WINEBRENNER, J.M. 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713-8338 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North Suite #130 St Petersburg FL Zip 33702 |
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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.

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| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, MERRIL T 1320 PINELLAS POINT DRIVE SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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.

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| SIGNATURE: <u>Merrill Williams</u> <u>MERRILL WILLIAMS</u> | Date: <u>4/24/07</u> | Daytime Phone #: <u>727-867-6242</u> |
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