## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000051230

CUELLAR, LORI

MIAMI, FL 33187

15060 SOUTHWEST 152 TERRACE

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA HOMES REALTY GROUP, INC.

FILED Feb 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1405 SE 47TH ST UNIT 1 CAPE CORAL, FL 33904 US **New Mailing Address: Current Mailing Address:** 1405 SE 47TH ST UNIT 1 CAPE CORAL, FL 33904 US FEI Number: 59-3411116 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KLEBER, BODO KLEBER, BODO 1405 SE 47TH ST #1 16773 PÁNTHERPAW COURT CAPE CORAL, FL 33904 US FORT MYERS, FL 33908 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. SIGNATURE: BODO KLEBER 02/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KOEHLER, ERNST Name: Name: 4301 SE 1ST AVENUE Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: ( ) Delete Title: S,O Title: () Change () Addition Name: BOHRER, DOROTHEE Name: 4301 S.E. 1ST AVENUE Address: Address: CAPE CORAL, FL 33904 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition WEISS, MARCELLA Name: Name: 1300 DOROTHY AVENUE NORTH Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KLEBER, BODO

1405 SE 47TH ST #1

CAPE CORAL, FL 33904

SIGNATURE: BODO KLEBER VP 02/06/2009