## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107819

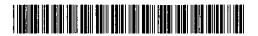
 Entity Name UNREAL PROPERTIES, INC.

FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

22523 WILLOW LAKES DRIVE LUTZ, FL 33549 22523 WILLOW LAKES DRIVE Lutz, FL 33549



## DO NOT WRITE IN THIS SPACE

 04112007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3548594
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARBONARO, GREGORY 22523 WILLOW LAKES DR LUTZ, FL 33549

## DO NOT WRITE IN THIS SPACE

	named entily submits this statement for the point of registered agent.	ourpose of changing its registere	d office or r	egistered 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 little	d emplicable (NOTF: Registered	I Agent signatur	required when 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.		\$5.00 May Be Added to Fees	Ligonografia			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARBONARO, GREGORY 22523 WILLOW LAKES DRIVE LUTZ, FL 33549							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CARBONARO, PATRICIA 22523 WILLOW LAKES DRIVE LUTZ, FL 33549							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE		1		e .				

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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NAME STREET ADDRESS CITY+ST-ZIP

M. Carlonaso





u)26107

Daytime Phone #