2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000013012

1. Entity Name REALTY RESOURCE ENTERPRISES, INC.



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1248 PONTE VEDRA BLVD. PONTE VEDRA, FL 32085 P.O. BOX 4050 ST. AUGUSTINE, FL 32085

DO NOT WRITE IN THIS SPACE

02142007 No Chg-P		CR2E034 (11/05)		
4. FEI Numbe		Applied For	_	
59-3550	436	Not Applica	b	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E JR 77 ALMERIA ST SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered	office or r	agistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Squature туров от prenieв name от requirems agent and line if	applicable (NOTE Booslered /	geol signature	required when remslating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000642312 03/01/07-80039-002 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV CLARK, TRUDY 1248 PONTE VEDRA BLVD. PONTE VEDRA, FL 32085					
NAME STREET ADDRESS OUTY ST-200						
NAME STREET ADDRESS CITY-ST-ZIP	I III NI WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
NAME STREET ADDRESS CITY ST 21P					·	
TOLE NAME STREET ADDRESS						

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

GNATHRE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 94-273-947