


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90148 001 ***317.50

DOCUMENT # P99000029818	
1. Entity Name FIRST REALTY, INC.	

Principal Place of Business 5340 N. ATLANTIC AVE COCOA BEACH, FL 32931	Mailing Address 5340 N. ATLANTIC AVE COCOA BEACH, FL 32931
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66005422

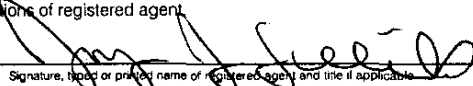
2. Principal Place of Business - No P.O. Box # 823 E Strawbridge Ave	3. Mailing Address Po Box 536
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne FL	City & State Melbourne FL
Zip 32901	Zip 32902
Country USA	Country USA

03072007 Chg-P CR2E034 (12/06)

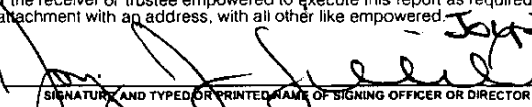
4. FEI Number 59-3567541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLILAND, JOY J 5340 N. ATLANTIC AVE. COCOA BEACH, FL 32931	
7. Name and Address of New Registered Agent Name: Joy J Gilliland Street Address (P.O. Box Number is Not Acceptable): 823 E Strawbridge Ave City: Melbourne FL 32901	

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.	
SIGNATURE: 	DATE: 3-08-07

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	P GILLILAND, JOY J 8680 N. ATLANTIC AVE CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Gilliland, Joy J 823 E Strawbridge Av Melbourne FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTSP STOTTLER, RICHARD H JR 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Drop Stottler, Richard H Jr 823 E Strawbridge Av Melbourne FL 32901 <input checked="" 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
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
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
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.	
SIGNATURE: 	Date: 3/08/07 Daytime Phone #: 321 676-7676