
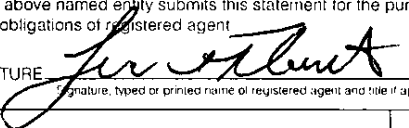
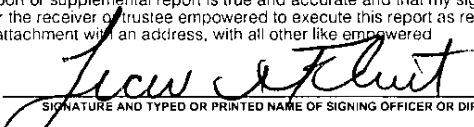


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 006 ***150.00

DOCUMENT # P99000046836 1. Entity Name FLUET REAL ESTATE MANAGEMENT CORPORATION																																			
Principal Place of Business 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654		Mailing Address 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654																																	
2. Principal Place of Business - No P.O. Box # 4873 Quill COURT		3. Mailing Address 4873 Quill COURT																																	
Suite, Apt. #, etc 		Suite, Apt. #, etc 																																	
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL																																	
Zip 34685		Zip 34685																																	
Country 		Country 																																	
4. FEI Number 59-3585627		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent FLUET, JEAN 9209 YELLOW LAKE DRIVE NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name FLUET, JEAN Street Address (P.O. Box Number is Not Acceptable) 4873 Quill COURT City PALM HARBOR FL Zip Code 34685																																	
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  JEAN FLUET 4-30-07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
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																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P NAME FLUET, JEAN STREET ADDRESS 9209 YELLOW LAKE DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE P NAME FLUET, JEAN STREET ADDRESS 9209 YELLOW LAKE DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P/D NAME FLUET, JEAN STREET ADDRESS 4873 Quill COURT CITY-ST-ZIP PALM HARBOR, FL 34685 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE P/D NAME FLUET, JEAN STREET ADDRESS 4873 Quill COURT CITY-ST-ZIP PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  JEAN FLUET 4-30-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			