2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P99000070363 1. Entity Name FIRST REALTY, A REAL ESTATE OPPORTUNITY GROUP, INC. Principal Place of Business Mailing Address 4457 JACKSON ST. MARIANNA FL 32448 4457 JACKSON ST. MARIANNA FL 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3592183 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUERINO, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2858 REMINTON GREEN CIR. TALLAHASSEE FL 32308 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR-BRYAN, JANET NAME NAM STREET ADDRESS 4457 JACKSON ST. STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32448 City-St-ZIP ۷P ☐ Delete TITLE ☐ Addition TITLE NAME GUERINO, JAMES R NAME 2858 REMINTON GREEN CIR. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-7IP CITY-ST-7/P PD TITLE ☐ Delete ☐ Addition TITLE Change | NAME NAME YATES, R. RICHARD STREET ADDRESS STREET ADDRESS 2858 REMINTON GREEN CIR. CITY - ST - 7IP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition MAME MAAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST ZIP ☐ Delete Change Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MB P P P TAMES R. GUERING 3/29/05 933 - 0434