2008 FOR PROFIT CORPORATION

FILED :00 AN tate

ANNUAL REPORT				May 05, 2008 08:				
1. Entity Name	MENT # P990000708 REAL ESTATE, INC.				Secret	ary of St		
ANOHOR	TEAL LOTATE, ING.							
Principal Place 719 BALD EA MARCO ISLAM		Mailing Address 719 BALD EAGLE DR MARCO ISLAND, FL 34145			I 17168 III II 88111 88711 8		88 KIN 18 88 188	
			*	04302008	No Chg-P	CR2E034 (
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-359			Applied For Not Applicable	
		. e a filler live	1	5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current Re	gistered Agent	-					
WEBSTER, RONALD S 985 N COLLIER BLVD				DO	NOT W	RITE		
MARCO IS	GLAND, FL 34145			IN T	THIS SI	PACE		
8. The above the obligati	named entity submits this statement for the	ne purpose of changing its register	red office or register	red agent, or bo	th, in the State of F	lorida. I am famil	ear with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	tile if applicable (NOTE: Register	ed Agent signature required	d when reinstating)		100949820 18- 916 03-	<u>005 150 00</u>	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fi				.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS			, , ,	in the second		
TITLE NAME	PST ACKERSON, SUSAN K							
STREET ADDRESS CITY+ST-ZIP	STREET ADDRESS 719 BALD EAGLE DR CITY-SI-ZIP MARCO ISLAND, FL 34145			ě				
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STREET ADDRESS CITY-ST-ZIP						11.11	to the second to	
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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:

NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #