
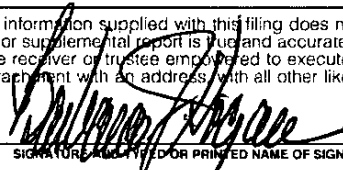


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 016 ***150.00

DOCUMENT # P99000106783 1. Entity Name PROSPERITY REALTY, INC.																											
Principal Place of Business 51 9TH ST S NAPLES FL 34102-6205		Mailing Address 51 9TH ST S NAPLES FL 34102-6205																									
2. Principal Place of Business - No P.O. Box # 9050 TAMMAMPA TRAIL NORTH Suite, Apt. #, etc. 103 City & State NAPLES FL Zip 34108-2520		3. Mailing Address Suite, Apt. #, etc. SAME City & State FL Zip 34108-2520																									
4. FEI Number 65-1016361		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 SCHELLING, JEFFREY S PA 2240 TRADE CENTER WAY NAPLES FL 34109		7. Name and Address of New Registered Agent Name BARBARA J HOGAN Street Address (P.O. Box Number is Not Acceptable) 9050 TAMMAMPA TRAIL NORTH #103 City NAPLES FL Zip Code 34108-2520																									
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title, if applicable. DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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: 30%;">TITLE</td> <td style="width: 60%;">PVST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOGAN, BARBARA J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>519TH STREET S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34102-6205</td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	HOGAN, BARBARA J		STREET ADDRESS	519TH STREET S		CITY-ST-ZIP	NAPLES FL 34102-6205		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/18/08 Daytime Phone 239-643-0416																									