2007 FOR PROFIT CORPORATION

Mar 12, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # S04427 03-12-2007 90101 045 ***158.75 1. Entity Name THE REALTY GROUP, INC. Principal Place of Business Mailing Address **60044100** 8833 PERIMETER PARK BLVD. 8833 PERIMETER PARK BLVD. **SUITE 1104 SUITE 1104** JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3031935 Not Applicable Zip Country Country Zip \$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 ATKERSON, CHRISTIE A. Street Address (P.O. Box Number is Not Acceptable) 8833 PERIMETER PARK BLVD # 1104 JACKSONVILLE, FL 32216 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director/Chairman of Board/ Michange STD TITLE ☐ Delete TITLE NAME ATKERSON, CHARLES F JR Sec ITrea NAME STREET ADDRESS 8833 PERIMETER PARK BLVD, # 1104 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP Acksonille TITLE SD Delete **Addition** TITLE Director/President ATKERSON, CHISTIE A NAME NAME aren Aibe er Park Blud. #1104 STREET ADDRESS 8833 PERIMETER PARK BLVD, # 1104 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP Jacksonville, FL 32216 Director/Executive Vice | Change TITLE Delete TITLE CRAIG, ROBERT A. NAME NAME charles D. Clar 8833 PERIMETER PK BLVD, # 1104 rk BWd. #1104 STREET ADDRESS STREET ADDRESS 8833 Perim JACKSONVILLE, FL 32210 CITY-ST-ZIP CITY-ST-ZIP acksonville fr TITLE ☐ Delete TITLE Addition Director Change Serena L wakefield NAME NAME 8833 Perimeter Fark Blud. #1104 STREET ADDRESS STREET ADDRESS Sacksonville, FL 32216 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KUNOK GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED