## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90085 018 \*\*\*158 75

DOCUMENT # S15209  1. Entity Name EDWARDS REALTY & INVESTMENTS, INC.					01-29-2007 90085 018 ***158.75						
Principal Place of Business Mailing Address			I		60008809						
320 SANCHEZ		320 SANCHEZ									
ORMOND BCH., FL 32174		ORMOND BCH., FL 32174									
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262007	Chg-P	CR2E	034 (12/06)			
City & State		City & State			4. FEI Numb			<del>     </del>	optied For		
Zip	Country	Zip	Country		59-303	5887			t Applicable		
2.0	Country	Zip	Country		5. Certificate	of Status Desired	×	\$8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	l Agent			
EDWARD	53144 533 G G G G G G G G G G G G G G G G G G				Name						
EDWARDS, CAROLE W. 320 SANCHEZ AVE.			Street	Street Address (P.O. Box Number is Not Acceptable)							
ORMOND BCH., FL 32174											
				City FL Zip Code							
8. The above	named entity submits this statement fo	r the purpose of changing its i	registered office of	or register	red agent, or bo	th, in the State of I	Florida. Jan	n familiar with,	and accept		
the obligat	tions of registered agent.										
SIGNATURE.								_			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signs	iture required	d when reinstating)		DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		<b>\$5</b> Add	.00 May Be led to Fees						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FFICERS AN	ID DIRECTOR	S IN 11		
TITLE	PSD	☐ Delete	TITLE	T				☐ Change	Addition		
NAME	I		NAME						_		
STREET ADDRESS	320 SANCHEZ AVE		STREET ADORESS								
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	-							
TITLE	1	☐ Delete	TITLE					Change	Addition		
NAME STREET ADDRESS		3	NAME STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE	1				☐ Change	Addition		
NAME		05/6/C	NAME						Hodillon		
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE					Change	■ Addition		
NAME STREET ADORESS			NAME								
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
TITLE		☐ Delete	TITLE	+				☐ Change	Addition		
NAME		□ Delete	NAME					☐ Change	L AUGILION		
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE					Change	Addition		
NAME			NAME								
			STREET ADDRESS								
CITT-ST-ZP	1		CITY-ST-ZIP	1							

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Proce V