2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 13, 2008 08:00 AM Secretary of State **DOCUMENT # S20396** 1. Entity Name JEANNINE B. GONSALVES REALTY GROUP, INC. Principal Place of Business Mailing Address 280 MIAMI AVENUE 280 MIAMI AVENUE VENICE, FL 34285 VENICE, FL 34285 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0241574 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MASSOLIO, DONALD DO NOT WRITE 280 MIAMI AVENUE VENICE, FL 34285 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 02/21/08-80081-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D GONSALVES, JEANNINE B. NAME STREET ADDRESS 629 ALHAMBRA RD # 704 CITY-ST-ZIP VENICE, FL. 34285 TITLE n MASSOLIO, DONALD NAME STREET ADDRESS 629 ALHAMBRA RD # 704 CITY-ST-ZIP VENICE, FL 34285 TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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:

CITY-ST-ZIP IIILE NAME STREET ADDRESS

2-10-08