2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM **Secretary of State DOCUMENT # S66959** 1. Entity Name PELICAN REALTY, CORP. Principal Place of Business Mailing Address 620 S. VENICE BLVD. P 0 BOX 1569 VENICE, FL 34293 US NOKOMIS, FL 34274 US 03152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0280370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIGMUND, PAMELA J DO NOT WRITE 620 S. VENICE BLVD VENICE, FL 34292 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SIGMUND, PAMELA J NAME STREET ADDRESS 620 S VENICE BLVD VENICE, FL 34292 City-ST-ZIP TITLE U00000671928 03/28/07-80049-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 expowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR