2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM Secretary of State DOCUMENT # S74657 1. Entity Name ACCLAIM! REAL ESTATE, INC. Principal Place of Business Mailing Address 1100 SW MARTIN DOWNS BLVD 1100 SW MARTIN DOWNS BLVD PALM CITY, FL 34990 US PALM CITY, FL 34990 US CR2E034 (11/05) 01072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0280398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONWELL, LORRAINE V. DO NOT WRITE 2054 SW MOCKINGBIRD LANE PALM CITY, FL 34990 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. (NOTE: Registered Agent signature required when reinstating) U00000583360 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/11/07-80068-021 150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME BURKHARDT, JUDY G. STREET ADDRESS 745 WISPER BAY DR age grant the grant of the stage of the same of the same same CITY-ST-7IP PALM CITY, FL ikan penganakan berajarah dan kebanjan penganah dan beraja berajarah Agranda y propositi i Perdejeganja Assatta, dat gangda pila dat gang al la seconda montra en la secula finale esta se se se la selection de la companya de la companya de la company CONWELL, LORRAINE V. STREET ADDRESS 2913 S.W. MOCKINGBIRD LN The state of the s CITY-ST-ZIP PALM CITY, FL क देतना है। जा के बेब ब्यून क्रिकेट के क्षेत्र का विकास TITLE Land from the sound was a come the engineer of the time DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CfTY-ST-ZIP TITLE NAME hili kapagist na serendi wakasa teo ta lawa da kama ka STREET ADDRESS and his factors are produced and a single property of the history of CITY-ST-ZIP TITLE and the second of the second o NAME ka paringan sa panggalah na pang STREET ADDRESS CITY-ST-ZIP To assign the employer in a sign with the problem of the first confirmation

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.

12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1707

Daytime Phone #