2007 FOR PROFIT CORPORATION-ANNUAL REPORT (AR)

SIGNATURE:

Feb 13, 2007 8:00 am Secretary of State DOCUMENT # V00012 1. Entity Namo 02-13-2007 90011 006 ***150.00 ANN THOMAS REAL ESTATE REFERRALS, INC. Principal Place of Business Mailing Address 5657 MANATEE AVE W. 5657 MANATÉE AVE W. **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business - No P.O. Box # 400 59 14 57 6 3. Mailing Address 97457. W 1st MOORE CR2E034 (10/06) City & State BRADEN TUN State ADENTUN Applied For 4. FEI Number 65-0304667 Not Applicable \$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 Mamo EDWARDS, DERRYL T. Street Address (P.O. Box Number is Not Acceptable) 5711-774 RD. NW- **BRADENTON FL 34209** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, 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. (NOTE: Registered Agent signature required when reiristating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RA 11111 Delete THIE ☐ Change ■ Addition EDWARDS, DERRYL NAME NAME 5711 7TH AVENUE NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY - ST-ZIP CITY - ST - ZIP ШП ☐ Delete TITLE Change ☐ Addition EDWARDS, COALLA F. NAME 5711 MANATEE AVENUE W STREET ADDRESS STREET ADDRESS **BRADENTON FL** CHY-ST-ZIP CITY-S1-ZIP Delete HILLE __ Change Addition BONNETT, CALVIN A NAME 3817 7TH AV. W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-SI-ZIP CITY S1, 70P TITLE Delete Change ☐ Addition BARBARA A EDWARDS 5711 774 AUNW NAME STREET ADDRESS STREET ADDRESS KRADEN TUN CITY-ST-7IP CITY - ST- 7(P ☐ Delete TITLE TITLE Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7(P Delete TITLE THIE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered 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.

FILED