


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90074 046 ***150.00

DOCUMENT # V05312	
1. Entity Name BARBARA CAMPBELL & ASSOCIATES REALTY, INC.	

Principal Place of Business 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316 US	Mailing Address 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316 US
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2. Principal Place of Business - No P.O. Box # 6230 SW 8th Street	3. Mailing Address 6230 S.W. 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plantation, FL	City & State Plantation, FL
Zip 33317	Zip 33317
Country U.S.	Country U.S.

40041755



03122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0310483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL BARBARA 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent	
Name Barbara Campbell	
Street Address (P.O. Box Number is Not Acceptable) 6230 SW 8th St	
City Plantation	FL Zip Code 33317

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: *Barbara Campbell* **3/12/2007**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, BARBARA		NAME CAMPBELL, BARBARA	
STREET ADDRESS 2170 SOUTHEAST 17 STREET		STREET ADDRESS 6230 S.W. 8th Street	
CITY-ST-ZIP FORT LAUDERDALE, FL 33316		CITY-ST-ZIP PLANTATION, FL 33317	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Barbara Campbell* **3/12/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #