


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90100 031 ***150.00

DOCUMENT # V19523
 1. Entity Name
 PRISTINE REALTY, INC.



Principal Place of Business
 5672 STRAND CT
 STE. 3
 NAPLES, FL 34110 US

Mailing Address
 5672 STRAND CT
 STE. 3
 NAPLES, FL 34110 US

60022744



2. Principal Place of Business - No P.O. Box #
 3825 BECK BLVD.
 Suite, Apt. #, etc.
 #721

3. Mailing Address
 3825 BECK BLVD
 Suite, Apt. #, etc.
 #721

02162007 Chg-P CR2E034 (12/06)

City & State
 NAPLES, FL

City & State
 NAPLES, FL

Zip
 34114

Country
 USA

Zip
 34114

Country
 USA

4. FEI Number
 65-0318293

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GODE, LARRY J.
 5672 STRAND CT.
 STE 3
 NAPLES, FL 34110

7. Name and Address of New Registered Agent
 Name
 GODE, LARRY J.
 Street Address (P.O. Box Number is Not Acceptable)
 3825 BECK BLVD.
 #721
 City
 NAPLES FL Zip Code
 34114

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GODE, LARRY J. STREET ADDRESS 5672 STRAND CT. STE. 3 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE D NAME GODE, LARRY J. STREET ADDRESS 3825 BECK BLVD. #721 CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 2/20/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR