2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #V19523

1. Entity Name PRISTINE REALTY, INC.



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3825 BECK BLVD

3825 BECK BLVD

SUITE 721 NAPLES, FL 34114 **SUITE 721** NAPLES, FL 34114



DO NOT WRITE IN THIS SPACE

01072008

No Chg-P

CR2E034 (11/05)

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. 3825 BECK BLVD **SUITE 721** NAPLES, FL 34114

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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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Hananasadasa ′29/08–80054–023 150.**00**

OFFICERS AND DIRECTORS 10. TITLE GODE, LARRY J. NAME STREET ADDRESS 3825 BECK BLVD SUITE 721 CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NÁMĒ STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 frue 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 say the 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

ME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #