

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-09-2005 90036 011 ***150.00

DOCUMENT # 268091 1. Entity Name REALTY MARTS INTERNATIONAL, INC.					
Principal Place of Business 1591 VIA DE LUNA PENSACOLA BEACH FL 32561			Mailing Address 1591 VIA DE LUNA PENSACOLA BEACH FL 32561		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1004686	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FADDIS, E. NOEL 1591 VIA DE LUNA PENSACOLA BEACH FL 32561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>E. Noel Faddis</u> PRESIDENT OWNER 3-1-05 Signature, typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	P FADDIS, E NOEL 1591 VIA DE LUNA PENSACOLA BEACH FL	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 enclosures, with all other true empowered.					
SIGNATURE: <u>E. Noel Faddis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-20-05 858 9325376 Daytime Phone #	