

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90015 031 \*\*\*150.00

<b>DOCUMENT # 518362</b> 1. Entity Name <b>REAL ESTATE ONE, INC.</b>					
Principal Place of Business <b>1200 W HIGHWAY 434 SUITE 100 LONGWOOD, FL 32750 US</b>			Mailing Address <b>1200 W HIGHWAY 434 SUITE 100 LONGWOOD, FL 32750 US</b>		
2. Principal Place of Business - No P.O. Box # <b>875 WELLINGTON AVE</b>		3. Mailing Address <b>875 WELLINGTON AVE</b>			
Suite, Apt. #, etc. <i>see above</i>		Suite, Apt. #, etc.			
City & State <b>OUIDO, FLORIDA</b>		City & State <b>OUIDO, FLORIDA</b>		4. FEI Number <b>59-1714867</b>	
Zip <b>32765</b>		Country <b>SEMINOLE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32765</b>		Country <b>SEMINOLE</b>		6. Name and Address of Current Registered Agent <b>PULTE T J 1200 W. HIGHWAY 434 STE 102 LONGWOOD, FL 32750</b>	
7. Name and Address of New Registered Agent Name <b>PULTE, T. J.</b>		Street Address (P.O. Box Number is Not Acceptable) <b>875 WELLINGTON AVE</b>			
City <b>OUIDO</b>		FL		Zip Code <b>32765</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELSEA, RICHARD S 30043 FOX RUN BIRMINGHAM, MI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TICKNER, ELLEN M 4140 N FULTON PLACE ROYAL OAK, MI 48073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENHOLM, DOUGLAS M 1343 WOODBRIDGE LN WIXOM, MI 48393	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PULTE, T. J. 3323 S ST. LUCIE DRIVE CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEVIN DUNNEN 25800 NORTHWESTERN HWY, SUITE 100 SOUTHFIELD, MI 48075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PULTE, T. J. 875 WELLINGTON AVE OUIDO, FLORIDA, 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					