

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004937

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** REEL STATE ADVENTURES INC.

**Current Principal Place of Business:**

123 NW 13TH STREET  
309  
BOCA RATON, FL 33432

**New Principal Place of Business:**

134 NW 16TH STREET  
SUITE #11  
BOCA RATON, FL 33432

**Current Mailing Address:**

123 NW 13TH STREET  
309  
BOCA RATON, FL 33432

**New Mailing Address:**

134 NW 16TH STREET  
SUITE #11  
BOCA RATON, FL 33432

**FEI Number:** 11-2719516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFF, PETER  
4121 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

**Name and Address of New Registered Agent:**

WOLFF, PETER  
134 NW 16TH STREET  
SUITE #11  
BOCA RATON, FL 33432 US

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.

SIGNATURE: PETER WOLFF

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOLFF, PETER  
Address: 134 NW 16TH STREET, SUITE #11  
City-St-Zip: BOCA RATON, FL 33432

Title: VP  
Name: WOLFF, DARLENE  
Address: 134 NW 16TH STREET, SUITE #11  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER WOLFF

P

03/07/2012

Electronic Signature of Signing Officer or Director

Date