2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002091

5001 PICKETT CT.

TAMPA, FL 33624

Address: City-St-Zip:

Entity Name: RESIDENTIAL EQUITY OF NEVADA CORPORATION

FILED Jan 06, 2009 Secretary of State

Littly Nai	IIIe. KESIDEI	THAL EQUITE OF NEVADA CO	DRECKATION		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
16502 N. E TAMPA, FI	DALE MABRY L 33618	HWY.			
Current Mailing Address:			New Mailing Address:		
16502 N. [TAMPA, FI	DALE MABRY L 33618	HWY.			
FEI Number:	: 13-4227918	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPRAGUE, PATRICK F 1904 E. BUSCH BLVD. TAMPA, FL 33612 US			1419 W. WATERS AVI SUITE 116	SPRAGUE, PATRICK F 1419 W. WATERS AVENUE SUITE 116 TAMPA, FL 33604 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/06/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC (CARR, LARRY 931 GUISANDO TAMPA, FL 33	D DE AVILA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVC (CARR, DAVID 22626 WILLOV LUTZ, FL 335		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (MAZZIE, LYND) Delete A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LYNDA C. MAZZIE T 01/06/2009