2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 16, 2004 08:00 AM DOCUMENT # F88345 Secretary of State 1. Entity Name THE REALTY EXPERTS, INC. Principal Place of Business Mailing Address 3011 EXCHANGE CT. P.O. BOX 221513 104 WEST PALM BEACH, FL 33422 WEST PALM BEACH, FL 33409 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2205416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKRISE, SALLY S DO NOT WRITE 3011 EXCHANGE CT., SUITE 104 WEST PALM BEACH, FL 33409 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, PSTD TITLE ROCKRISE, SALLY S NAME U00000052963 02/16/04-80114-003 150.00 STREET ADDRESS PO BOX 221513 CITY-ST-ZIP WEST PALM BEACH, FL 33422 TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITTE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 received 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CRY-ST-ZIP

561-471-9940

Daytime Phone #