


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001192

1. Entity Name
 REAL PROPERTY SERVICES CORP., A DELAWARE CORPORATION




Principal Place of Business Mailing Address
 818 W. BROOKS AVENUE 818 W. BROOKS AVENUE
 NORTH LAS VEGAS, NV 89030 US NORTH LAS VEGAS, NV 89030 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 95-3562968 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, PAULA
 612 NW 2ND STREET
 OCALA, FL 34475

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BIRD, ALLAN'S	
STREET ADDRESS	818 W. BROOKS AVENUE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, JOSHUA D	
STREET ADDRESS	818 W. BROOKS AVENUE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GREEN, PATRICIA M	
STREET ADDRESS	818 WEST BROOK AVE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHITE, E C	
STREET ADDRESS	818 W BROOKS AVE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1100000274070
 03/23/05-80057-001 158.75

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 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.

SIGNATURE: Patricia M. Green 3/17/05 (202) 315-5196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #