

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 044 ***150.00

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1. Entity Name

REAL PROPERTY SERVICES CORP., A DELAWARE CORPORATION



Principal Place of Business

818 W. BROOKS AVENUE
 NORTH LAS VEGAS NV 89030
 US

Mailing Address

818 W. BROOKS AVENUE
 NORTH LAS VEGAS NV 89030
 US



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-3562968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTNAM, PAULA
 612 NW 2ND STREET
 OCALA FL 34475

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD Delete
 NAME: BIRD, ALLAN S
 STREET ADDRESS: 818 W. BROOKS AVENUE
 CITY- ST- ZIP: NORTH LAS VEGAS NV 89030

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: VS Delete
 NAME: GREEN, PATRICIA M
 STREET ADDRESS: 818 WEST BROOK AVE
 CITY- ST- ZIP: NORTH LAS VEGAS NV 89030

TITLE: P D Change Addition
 NAME: GREEN, PATRICIA M.
 STREET ADDRESS: 818 W. BROOKS AVE
 CITY- ST- ZIP: NORTH LAS VEGAS, NV 89030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: ST Change Addition
 NAME: HEBERT, JAMES E.
 STREET ADDRESS: 818 W. BROOKS AVE
 CITY- ST- ZIP: NORTH LAS VEGAS, NV 89030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: D Change Addition
 NAME: AARONSON, JOEL S.
 STREET ADDRESS: 818 W. BROOKS AVE.
 CITY- ST- ZIP: NORTH LAS VEGAS, NV 89030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: D Change Addition
 NAME: LARSEN, KENT F.
 STREET ADDRESS: 818 W. BROOKS AVE.
 CITY- ST- ZIP: NORTH LAS VEGAS, NV 89030

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the filing with all other registrations.

SIGNATURE: PATRICIA M. GREEN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07

Date

702
 315-5194

Daytime Phone #