## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G17637

Entity Name: REALTY ONE SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

C/O RICHARD A LAFUZE
16 FERRY ROAD, S.E.

C/O RICHARD A LAFUZE
14 FLOUNDER ST

FT WALTON BEACH, FL 32548 SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

16 FERRY ROAD, S.E. P.O. BOX 160

FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32549

FEI Number: 59-2246317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LAFUZE, RICHARD A
7100 KNOLLWOOD DR
14 FLOUNDER ST

NAVARRE, FL 32566 US SANTA ROSA BEACH, FL 32459 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: RICHARD A LAFUZE 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LAFUZE, CHERYL E
 Name:

 Address:
 7100 KNOLLWOOD DR
 Address:

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BARRETT, JANICE
 Name:

 Address:
 707 HERON LANE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: PDST () Delete Title: PDST (X) Change () Addition

 Name:
 LAFUZE, RICHARD A
 Name:
 LAFUZE, RICHARD A

 Address:
 7100 KNOLLWOOD DR
 Address:
 P.O BOX 160

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: FORT WALTON BEACH, FL 32549

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Title:
 V
 (X) Delete
 Title:

 Name:
 GILBERT, MAURICE D
 Name:

 Address:
 P O BOX 4836
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:

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.

SIGNATURE: RICHARD A LAFUZE P 04/30/2007