


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G48764</b> 1. Entity Name <b>REAL PROPERTY ANALYSTS, INC. OF ORLANDO</b>					
Principal Place of Business <b>C/O ROBERT S. SUTTE 2433 LEE ROAD WINTER PARK FL 32789</b>			Mailing Address <b>C/O ROBERT S. SUTTE 2433 LEE ROAD WINTER PARK FL 32789</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc		3. Mailing Address  Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2344450</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SUTTE, ROBERT S. 2433 LEE ROAD WINTER PARK FL 32789</b>				7. Name and Address of New Registered Agent  Name Street Address (P O Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTE, ROBERT S 2433 LEE ROAD WINTER PARK, FL 00000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTE, GRACE E 2433 LEE ROAD WINTER PARK, FL 00000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUTTE, GRACE E 2433 LEE ROAD WINTER PARK, FL 00000	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUTTE, GRACE E 2433 LEE ROAD WINTER PARK, FL 00000	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUTTE, GRACE E 2433 LEE ROAD WINTER PARK, FL 00000	<input type="checkbox"/> Delete			



1st MOORE CR2E034 (10/06)

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 an address, with all other like empowered.

**SIGNATURE:** Robert Sutte R. Sutte 4/12/07 407-628-0505

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