2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66312

Entity Name: REAJAC, INC.

FILED Mar 15, 2011 Secretary of State

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

% DONALD E. JACOBSON REAJAC, INC

1363 BAYSHORE DRIVE 100 SOUTH OCEAN DRIVE FORT PIERCE, FL 349493051 FORT PIERCE, FL 34949 US

Current Mailing Address: New Mailing Address:

% DONALD E. JACOBSON

REAJAC, INC. 100 SOUTH OCEAN DRIVE 1363 BAYSHORE DRIVE FORT PIERCE, FL 349493051 FORT PIERCE, FL 34949

FEI Number: 59-2554510 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:

JACOBSON, DONALD E PHYLLIS A. MCALLISTER 1363 BAYSHORE DRIVE 100 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949 US FORT PIERCE, FL 34949 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: PHYLLIS A. MCALLISTER, S/T, REAJAC, INC. 03/15/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRFS

Name: REA, JOHN R.

2501 PALM LAKES AVE Address: City-St-Zip: FORT PIERCE, FL 34981

Title: VΡ

Name: JACOBSON, THOMAS A. 1100 KINGSWOOD LN. Address: FT PIERCE, FL 34982 City-St-Zip:

Title: S/T

MCALLISTER, PHYLLIS A Name: 1245 CARLTON CT., APT. 105 Address: City-St-Zip: FORT PIERCE, FL 349493080

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS A. MCALLISTER S/T 03/15/2011