

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49729

FILED
Apr 13, 2006
Secretary of State

Entity Name: REAL ESTATE RESEARCH CONSULTANTS, INC.

Current Principal Place of Business:

518 SOUTH MAGNOLIA
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

518 SOUTH MAGNOLIA
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2762682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TATICH, PHILIP
341 N MAITLAND AVE
STE 340
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BEITSCH, OWEN M.,
Address: 518 SOUTH MAGNOLIA
City-St-Zip: ORLANDO, FL 32801

Title: PDT () Delete
Name: OWEN, WILLIAM H.,
Address: 518 SOUTH MAGNOLIA
City-St-Zip: ORLANDO, FL 32801

Title: DVP () Delete
Name: KOHLER, THOMAS R.,
Address: 518 SOUTH MAGNOLIA
City-St-Zip: ORLANDO, FL 32801

Title: DVPS () Delete
Name: DARSEY, DAVID R
Address: 518 SOUTH MAGNOLIA
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H. OWEN

PDT

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date