



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 022 ***150.00

DOCUMENT # J58368 1. Entity Name REALTY CAPITAL GROUP, INC.					
Principal Place of Business 1007 N. FEDERAL HWY., #10 FORT LAUDERDALE, FL 33304			Mailing Address 1007 N. FEDERAL HWY., #10 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 1725 NE 23 Ave Suite, Apt. #, etc.		3. Mailing Address 1725 NE 23 Ave Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-0001667	
Zip 33305		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAUST, RICHARD 1007 N FEDERAL HWY 10 FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Richard Faust Street Address (P.O. Box Number is Not Acceptable) 1725 NE 23 Ave Ft. Lauderdale, FL City FL Zip Code 33305	
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 <u>Richard Faust</u> DATE <u>1/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAUST, RICHARD 1007 N FEDERAL HWY 10 FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Richard Faust 1725 NE 23 Ave Ft. Lauderdale, FL 33305
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAUST, ELAINE 1007 N FEDERAL HWY. #10 FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Elaine Faust 1725 NE 23 Ave Ft. Lauderdale, FL 33305
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Richard Faust</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/23/08</u> Daytime Phone: <u>(954) 390-7670</u>		