2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K11145

1. Entity Name

R.E.A. FINANCIAL SERVICES, INC.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business
ONE SW FLAMINGO RD
SHITE 201

SUITE 201
PEMBROKE PINES, FL 33027

Mailing Address ONE SW FLAMINGO RD SUITE 201 PEMBROKE PINES, FL 33027



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0021246 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEEDLEMAN, STEVEN M 1 SW 129TH AVE., SUITE 201 PEMBROKE PINES, FL 33027

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered egent and little if applicable. (NOTE: Registered Agent signature required when reinstating)					DATE
File NOW!!! FEE IS \$150.00 9. After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000403557 02/06/06-80011-018 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEDLEMAN, STEVEN M 1 SW 129TH AVE., STE 201 PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEEDLEMAN, ARLENE 1 SW 129TH AVE., STE 201 PEMBROKE PINES, FL				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor changed	certify that the information supplied with this is on this report or supplemental report is true reporation or the receiver or trustee empowerer, or on an attachment with an address, with a	illing does not qualify for the and accurate and that my so does not execute this report as all other like empowered.	_	ntained in Chapter 119 ve the same legal effective 607, Florida Statute	. Florida Statutes. I further certify that the information t as if made under oath, that I am an officer or directors; and that my name appears in Block 10 or Block 11 if

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