

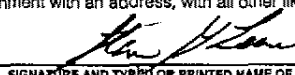


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # K48174						
1. Entity Name R.E.Y. SERVICE, CORP.						
Principal Place of Business P.O. BOX 562647 MIAMI, FL 33256-2647	Mailing Address P.O. BOX 562647 MIAMI, FL 33256-2647					
DO NOT WRITE IN THIS SPACE						
		 01062007 No Chg-P CR2E034 (11/05)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 65-0098702</td><td style="width: 20%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0098702	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
RIVERA, RAY 8221 GLADES RD. #101 BOCA RATON, FL 33434		DO NOT WRITE IN THIS SPACE				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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						
TITLE	PD	DO NOT WRITE IN THIS SPACE				
NAME	RIVERA, RAY					
STREET ADDRESS	8221 GLADES ROAD #101					
CITY-ST-ZIP	BOCA RATON, FL					
TITLE	STD					
NAME	LEVINE, STEVEN					
STREET ADDRESS	2824 VALENCIA WAY	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	FORT MYERS, FL 33901					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE		DO NOT WRITE IN THIS SPACE				
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TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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:  STEVEN G. LEVINE		Date: 1/18/07 Daytime Phone #: 305-251-6085				