2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 4

Apr 13, 2007 8:00 am Secretary of State DOCUMENT #K96350 04-13-2007 90165 034 ***150.00 1. Entity Name REAL STAR DEVELOPMENT CORP. Principal Place of Business Mailing Address 5806 OLD PASCO RD 12300 W CENTER STREET WESLEY CHAPEL, FL 33544 SUITE 150 WAUWATOSA, WI 53222 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032007 Chg-P City & State Applied For City & State 4. FEI Number 36-3651145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent bercy Lehman CARLTON, COLLIE Street Address (P.O. Box Number is Not Acceptable) 1227 WATERBURY LOOP LUTZ, FL 33549 3936 484 Ave S. Zip Code 33711 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS TITLE ☐ Change ☐ Addition TITLE Delete SWENSON, DUANE A NAME NAME STREET ADDRESS STREET ADDRESS 12300 W CENTER STREET, SUITE 150 CITY - ST - ZIP WAUWATOSA, WI 53222 CITY-ST-ZIP D ☐ Change ☐ Addition TITLE Delete DALLMANN, GAIL NAME NAME 12300 W CENTER STREET, SUITE 150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUWATOSA, WI 53222 D ☐ Delete Change Addition TITLE WARTINBEE, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 1109 DOWNING DR. WAUKESHA, WI CITY-ST-ZIP CITY-ST-ZIP Channe Ch ☐ Addition TITLE ☐ Delete TITLE LEHMAN, JERRY NAME NAME Lehman. Jerr STREET ADDRESS 6158 PALMA DEL MAR BLVD UNIT 107 STREET ADDRESS 3936 48th Ave S St. Peters burg SAINT PETERSBURG, FL 337158 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FICER OR DIRECTOR

414 258-0500