


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90078 006 ***150.00

DOCUMENT # M02447 1. Entity Name REALDATA INFORMATION SYSTEMS, INC.	
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40089643

Principal Place of Business 255 ALHAMBRA CIRCLE S-1100 CORAL GABLES, FL 33134 US	Mailing Address 255 ALHAMBRA CIRCLE S-1100 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2541831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARCIA, AGNES 255 ALHAMBRA CIRCLE S-1100 CORAL GABLES, FL 33134
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLUMBERG, PHILIP F. 255 ALHAMBRA CIRCLE S-1100 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JEFFREY THOMAS W. 255 ALHAMBRA CIRCLE S-1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ARCIA, AGNES M 255 ALHAMBRA CIRCLE, STE #1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WILLIAMS, JUDE M 255 ALHAMBRA CIRCLE, STE #1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Christopher Hyatt 255 Alhambra Circle, STE#1100 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

Philip F. Blumberg
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06 305-569-9500

Date Daytime Phone #