2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90253 047 ***150.00

DOCUMENT # M99152

1. Entity Name
REALVEST PARTNERS, INC.

50018804

Principal Place of Business	Mailing Address
C/O GEORGE D. LIVINGSTON 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751 US	C/O GEORGE D. LIVINGSTON 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751

03312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILLIP
601 S. LAKE DESTINY RD.
SUITE 200
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name George D. Livingston
Street Address (P.O. Box Number is Not Acceptable) 2200 Lucien Way Ste 350
City MAITLAND FL ~~Zip Code~~ 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DP~~ D LIVINGSTON, GEORGE D. 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D George D. Livingston 2200 Lucien Way, Ste 350 MAITLAND, FL 32751 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP HEIDRICH, MICHAEL 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DVP~~ DP NEVELEFF, STEPHAN M 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP Stephan Neveleff 2200 Lucien Way Ste 350 MAITLAND, FL 32751 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BLACKWELL, ROBERT H 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP RUOFF, STEVEN C 2200 LUCIEN WAY, STE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/26/06 407-875-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number