

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 032 ***150.00

DOCUMENT # M99152

1. Entity Name
REALVEST PARTNERS, INC.



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

Mailing Address
**C/O GEORGE D. LIVINGSTON
 2200 LUCIEN WAY, SUITE 350
 MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04022008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2900200** Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVINGSTON, GEORGE D.
 2200 LUCIEN WAY STE 350
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

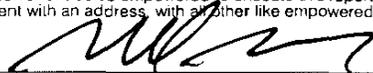
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LIVINGSTON, GEORGE D.		NAME	
STREET ADDRESS 2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HEIDRICH, MICHAEL		NAME	
STREET ADDRESS 2200 LUCIEN WAY, STE 350		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME YORK, REBECCA		NAME	
STREET ADDRESS 2200 LUCIEN WAY STE 250		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BLACKWELL, ROBERT H		NAME	
STREET ADDRESS 2200 LUCIEN WAY, STE 350		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RUOFF, STEVEN C		NAME	
STREET ADDRESS 2200 LUCIEN WAY, STE 350		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VIELE, GEORGE		NAME	
STREET ADDRESS 2200 LUCIEN WAY STE 350		STREET ADDRESS	
CITY-ST-ZIP MAITLAND, FL 32751		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 another like empowered.

SIGNATURE:  **09/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #