2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N00000001649

Entity Name: THE REAL ESTATE INVESTOR'S NETWORK, INC. NORTHEAST FLORIDA CHAPTER

Current Principal Place of Business:

4806 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4806 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3663993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, ROBERT
4806 SAN JUAN AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARK, ROBERT
Address: 4806 SAN JUAN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: WALLACE, DARRYL
Address: 8114 MONTASANTA AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: BAZLEY, TOM
Address: 2542 CARRIAGE LAMP DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: HIMMELHEBEE, KELLY
Address: 4317 COLONIAL AVE.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BAZLEY D 04/11/2007

Electronic Signature of Signing Officer or Director — Date