

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006197

FILED
Apr 22, 2005
Secretary of State

Entity Name: REAL ASSET MANAGEMENT INSTITUTE, INC.

Current Principal Place of Business:

13506 BENNETT DR
PORT CHARLOTTE, FL 339816106

New Principal Place of Business:

Current Mailing Address:

13506 BENNETT DR
PORT CHARLOTTE, FL 339816106

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIDS, H. VERON
590 TAMiami TRAIL #1
PORT CHARLOTTE, FL 33953 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: DAVIDS, MICHAEL V
Address: 13506 BENNETT DR
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: KENDRICK, KIMBERLY
Address: 13506 BENNETT DR
City-St-Zip: PORT CHARLOTTE, FL 339816106

Title: D () Delete
Name: DAVIDS, H. VERNON
Address: 300 N OXFORD DR
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL V. DAVIDS

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date