2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2009
Secretary of State

DOCUMENT# N04000006197

Entity Name: REAL ASSET MANAGEMENT INSTITUTE, INC.

Current Principal Place of Business:

520 NORTH TYNDALL PARKWAY
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

520 NORTH TYNDALL PARKWAY
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 520 NORTH TYNDALL PARKWAY
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: KENDRICK, KIMBERLY
Address: 520 NORTH TYNDALL PARKWAY
City-St-Zip: PANAMA CITY, FL 32404

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: D (X) Change ( ) Addition
Name: DAVIDS, MICHAEL V
Address: 395 SOUTH OXFORD DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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 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: MICHAEL V. DAVIDS D 08/15/2009
Electronic Signature of Signing Officer or Director — Date