

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2008
Secretary of State**

DOCUMENT# N07000010933

Entity Name: REAL WORLD INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

527 SE 8TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

527 SE 8TH TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-1398134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUTY, ROBERT
527 SE 8TH TERRACE
CAPE CORAL, FL 33990 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: PO () Delete
Name: DUTY, TOBIE
Address: 527 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: DUTY, ROBERT CEO
Address: 527 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP (X) Delete
Name: SCOTT, SHANE
Address: 527 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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:

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: TOBIE DUTY

PO

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date