

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067728

FILED
Apr 18, 2009
Secretary of State

Entity Name: PAUL & PARTNERS REALTY SERVICES, INC.

Current Principal Place of Business:

10970 S CLEVELAND AVE, STE 303
FORT MYERS, FL 33907

New Principal Place of Business:

10970 S CLEVELAND AVE
303
FORT MYERS, FL 33907

Current Mailing Address:

10970 S CLEVELAND AVE, STE 303
FORT MYERS, FL 33907

New Mailing Address:

10970 S CLEVELAND AVE
303
FORT MYERS, FL 33907

FEI Number: 65-1030006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER PRECHEL
12651 MCGREGOR BLVD.
1-101
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

OLIVER PRECHEL
10970 S CLEVELAND AVE
303
FORT MYERS, FL 33919 US

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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: PRECHEL, OLIVER
Address: 12651 MCGREGOR BLVD # 1-101
City-St-Zip: FORT MYERS, FL 33919

Title: VT () Delete
Name: PRECHEL, SIMONE
Address: 12651 MCGREGOR # 1-101
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: PRECHEL, OLIVER
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907

Title: VT (X) Change () Addition
Name: PRECHEL, SIMONE
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONE PRECHEL

VT

04/18/2009

Electronic Signature of Signing Officer or Director

Date