

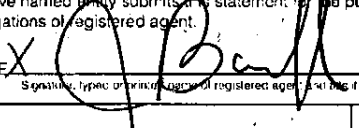
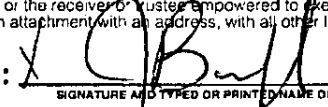
FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90223 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

24070144



DOCUMENT # P01000009746			
1. Entity Name REAL ESTATE ADVISORY SERVICES ON-LINE, INC.			
Principal Place of Business 120 S. OLIVE AVE 705 WEST PALM BEACH, FL 33401		Mailing Address 120 S. OLIVE AVE 705 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 255 Evernia Street Suite, Apt. #, etc. #816 City & State West Palm Bch, FL Zip 33401 Country		3. Mailing Address 255 Evernia Street Suite, Apt. #, etc. #816 City & State West Palm Bch, FL Zip 33401 Country	
		02252004 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1069610 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name James Banford Street Address (P.O. Box Number is Not Acceptable) 255 Evernia Street #816 City West Palm Bch FL Zip Code 33401	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE:  DATE: 4-29-04 (NOTE: Registered Agent signature required when changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANFORD, JAMES W 120 S. OLIVE AVE WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Banford 255 Evernia Street West Palm Bch, FL 33401
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date	
		Daytime Phone #	