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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90223 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009746

1. Entity Name
REAL ESTATE ADVISORY SERVICES ON-LINE, INC.

24070144

Principal Place of Business	Mailing Address
120 S. OLIVE AVE 705 WEST PALM BEACH, FL 33401	120 S. OLIVE AVE 705 WEST PALM BEACH, FL 33401

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
255 Evernia Street	255 Evernia Street
Suite, Apt. #, etc. #816	Suite, Apt. #, etc. #816
City & State West Palm Bch, FL	City & State West Palm Bch FL
Zip 33401 Country	Zip 33401 Country

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~~
REASON INC.
255 EVERNIA ST
#816
WEST PALM BCH FL

7. Name and Address of New Registered Agent

Name James Banford
Street Address (P.O. Box Number is Not Acceptable) 255 Evernia Street #816
33401
City West Palm Bch FL Zip Code 33401

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Banford 255 Evernia Street West Palm Bch, FL 33401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #