

2005 FOR PROFIT CORPORATION ANNUAL REPORT


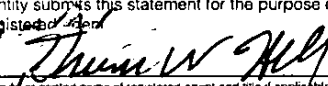
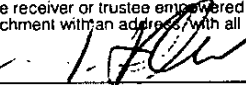
FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90031 007 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000044299					
1. Entity Name REAL ONE PROPERTIES, INC.					
Principal Place of Business 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135			Mailing Address 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135		
2. Principal Place of Business 1318 Lafayette St.		3. Mailing Address 1318 Lafayette St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 59-3715564	
Zip 33904		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLURE ACCOUNTING, LLC 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St. City: Cape Coral, FL Zip Code: 33904		
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:  DATE: 01/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPV AMBURN, JAMES W 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Firnhaber, Peter M. 1318 Lafayette St. Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS AMBURN, JAMES W 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hill, Thomas W. 1318 Lafayette St. Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 01/13/05 239-549-2444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					