2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000048445**

1. Entity Name REALWORKS MORTGAGE, INC.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

1713 LOIS AVENUE #100 TAMPA, FL 33629-5754 Mailing Address

1713 LOIS AVENUE #100 TAMPA, FL 33629-5754



## DO NOT WRITE IN THIS SPACE

 G1102006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For S9-3720116

 Not Applicat:

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAFT, ROGER A REAL WORKS 1602 OAKFIELD DR, STE 207 BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	<ul> <li>named entity submits this statement for the particles of registered agent.</li> </ul>	ourpose of changing its registers	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc		
SIGNATURE.	Signature, typed or printed name of registered agent and time	ff applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			cin <b>g</b>	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	<u> </u>		<del></del>		
TITLE MAME STREET ADDRESS CITY-S7-ZIP	D DAFT, CYNTHIA C 1713 LOIS AVENUE #100 TAMPA, FL 336295754				U00000498231 - 04/22/86-80087-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TRAVIESA, TANYA 1713 LOIS AVENUE #100 TAMPA, FL 336295754			,			
Title Name Street address City-57-Zip				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STRELT ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTIPS NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 (8

(8/3) 253 - 8800