
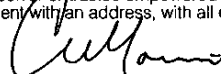


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90067 001 \*\*\*150.00

<b>DOCUMENT # P01000048781</b> 1. Entity Name <b>REALTY RESOURCES OF SW FLORIDA, INC.</b>					
Principal Place of Business <b>1024 NORTH TOWN AND RIVER DRIVE FORT MYERS, FL 33919</b>			Mailing Address <b>1024 NORTH TOWN AND RIVER DRIVE FORT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box # <b>970 Clarellen Dr.</b>		3. Mailing Address <b>970 Clarellen Dr.</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <b>Ft Myers, FL</b>		City & State <b>Ft Myers, FL</b>		4. FEI Number <b>65-1112123</b>	
Zip <b>33919</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 340 FT. MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, GREGORY</b> <input type="checkbox"/> Delete <b>1024 NORTH TOWN AND RIVER DRIVE</b> <b>FORT MYERS, FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Morris, Gregory</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>970 Clarellen Dr.</b> <b>Ft. Myers, FL 33919</b>	
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	
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	
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	
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	
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 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 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.					
<b>SIGNATURE:</b> 			<b>4-15-07</b> <b>239-332-3833</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40074300



04152007 Chg-P CR2E034 (12/06)