

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90287 031 ***150.00

DOCUMENT # P01000060291



1. Entity Name
REAL REFERRAL, INC.

Principal Place of Business

Mailing Address

~~1713 S LOIS AVENUE, SUITE 100~~
~~TAMPA, FL 33629-5754~~
8637 CITRUS PARK DRIVE
TAMPA, FL 33625

1713 S LOIS AVENUE, SUITE 100
TAMPA, FL 33629-5754



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3728411 | 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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST DAFT, CYNTHIA C 1713 S LOIS AVENUE, SUITE 100 TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TRAVIESA, TANYA 1713 S LOIS AVENUE, SUITE 100 TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS ZALASIN, ELAINE JAN. 8637 CITRUS PARK DRIVE TAMPA, FL 33625 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: CYNTHIA C. DAFT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 (813) 253-8800
Date Daytime Phone #