

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000113917

1. Entity Name

THE R.E. NETWORK, INC.



Principal Place of Business  
7300 WEST CAMINO REAL  
STE. 113  
BOCA RATON FL 33433

Mailing Address  
7300 WEST CAMINO REAL  
STE. 113  
BOCA RATON FL 33433

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip - - -

Country -

Zip

Country

4. FEI Number **65-1156408**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN AALLEN, FRANK  
7300 WEST CAMINO REAL  
STE. 113  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name *VAN AALLEN FRANK*

Street Address (P.O. Box Number Is Not Acceptable)

*6568 PATIO LANE*

City *BOCA RATON*

FL

Zip Code *33433*

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 changing)

DATE *4/1/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME  
STREET ADDRESS  
CITY, ST, ZIP

PTS  
VAN AALLEN, FRANKLIN W  
6568 PATIO LANE  
BOCA RATON FL 33433

Delete

NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change

Addition

NAME  
STREET ADDRESS  
CITY, ST, ZIP

Delete

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STREET ADDRESS  
CITY, ST, ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank Van Aalten, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/1/07*

Daytime Phone # *561 394 4889*

**FILED  
Apr 17, 2007 8:00 am  
Secretary of State**

04-17-2007 90050 036 \*\*\*150.00

