

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 010 ***150.00

DOCUMENT # P02000061800 1. Entity Name REAL WORLD RESULTS, INC.					
Principal Place of Business 18360 NE 30TH CT AVENTURA, FL 33160			Mailing Address 18360 NE 30TH CT AVENTURA, FL 33160		
2. Principal Place of Business 2739 CENTER CT DR		3. Mailing Address 2739 CENTER CT DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 02-0613563	
Zip 33332		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANTZ, W E 18360 NE 30TH CT AVENTURA, FL 33160			7. Name and Address of New Registered Agent Name JANTZ, WE Street Address (P.O. Box Number is Not Acceptable) 2739 CENTER CT DR City WESTON FL Zip Code 33332		
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 <u>W. E. JANTZ</u> <u>W. E. JANTZ</u> <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	D JANTZ, GRACIELA N 18360 NE 30TH CT AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANTZ, WILLIAM E 18360 NE 30TH CT AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANTZ, GRACIELA N. 2739 CENTER CT DR WESTON, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANTZ, WILLIAM E 2739 CENTER CT DR WESTON, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: <u>W. E. JANTZ</u> <u>W. E. JANTZ</u> <u>4/11/05</u> <u>954-385-2756</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					