
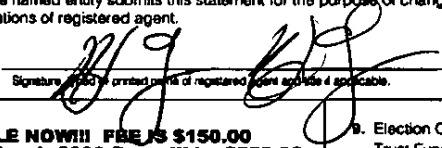
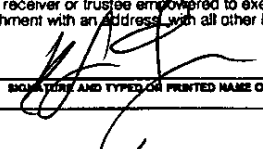


FILED
Apr 06, 2006 8:00 am
Secretary of State

03-24-2006 90031 007 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000104086			
1. Entity Name REALLY DEVELOPMENT CORPORATION			
Principal Place of Business 201 S. 2ND STREET, SUITE 114 FORT PIERCE, FL 34950		Mailing Address 201 S. 2ND STREET, SUITE 114 FORT PIERCE, FL 34950	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01062006 Chg-P CR2E034 (11/05)	
		4. FEI Number 37-1443373	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 RAGSDALE, JAMES 201 S. 2ND STREET, SUITE 114 FORT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name OLDFIELD, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 201 S. 2ND ST Suite 114 City FORT PIERCE FL Zip Code 34950	
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  DATE 3/22/06 <small>Signature must be printed name of registered agent and date 4 applicable. (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P OLDFIELD, RICHARD 201 S. 2ND STREET, SUITE 114 FORT PIERCE, FL 34950 <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	VT SMITH, YVONNE 201 S. 2ND STREET, SUITE 114 FORT PIERCE, FL 34950 <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
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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: 		3/22/06 772-879-9999 <small>Date Daytime Phone #</small>	