

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000110199

FILED
Dec 20, 2007
Secretary of State**Entity Name:** REALTY OPTIONS OF FLORIDA, INC.**Current Principal Place of Business:**5833 US HWY 19
STE # 1
NEW PORT RICHEY, FL 34654**New Principal Place of Business:**5833 US HWY 19
STE # 2
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5833 US HWY 19
STE # 1
NEW PORT RICHEY, FL 34654**New Mailing Address:**5833 US HWY 19
STE # 2
NEW PORT RICHEY, FL 34654**FEI Number:** 30-0148943**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WODSTRCHILL, DANIEL
12353 ROSELAND DRIVE
NEW PORT RICHEY, FL 34654 US**Name and Address of New Registered Agent:**KELLY, DEBRA A
5537 WELLFIELD DR
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: DEBRA KELLY

12/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WODSTRCHILL, DANIEL
Address: 12353 ROSELAND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DS () Delete
Name: WODSTRCHILL, PATRICIA
Address: 12353 ROSELAND DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KELLY, DEBRA A
Address: 5537 WELLFIELD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVS (X) Change () Addition
Name: WODSTRCHILL, MICHAEL D
Address: 7331 CANVASBACK DR
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA KELLY

DPT

12/20/2007

Electronic Signature of Signing Officer or Director

Date