2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035150

1. Entity Name

REALM 7 INTERNATIONAL, INC.



Principal Place of Business

13 POTTERS LANE

PALM COAST, FL 32164-6711 US

Mailing Address

13 POTTERS LANE PALM COAST, FL 32164-6711 US FILED Apr 16, 2007 08:00 A Secretary of State



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04062007 No Chg-P CR2E034 (11/05)

4. FEI Number S1-0455860 Applied For Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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	bove named entity submits this statement for the poligations of registered agent.	urpose of changing its re	egistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATU	JRE	applicable (NOTE:	Registered Agent signat	ure required when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	~ —	\$5.00 May Be Added to Fees	,	
10.	OFFICERS AND DIREC	OFFICERS AND DIRECTORS		, r. a. i t 4. ii.	The state of the s	

TITLE **PSTD** DIEZ, MARK NAME STREET ADDRESS 13 POTTERS LANE CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME ROCHFORD, MICHAEL J VP 9478 PALOMINO DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE SEC NAME DIEZ, SANDRA E VP STREET ADDRESS 13 POTTERS LANE PALM COAST, FL 32164 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4////01 760-477-7035 Date Daytone Phone #