

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 91212 049 \*\*\*150.00  
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04 JUN 16 AM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000039663</b>			
1. Entity Name <b>REAL DANGER INC.</b>			
Principal Place of Business <b>4301 OAK CR #13 BOCA RATON, FL 33431 US</b>		Mailing Address <b>4301 OAK CR #13 BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>450 NE 20th St. #113 Boca Raton, FL 33431 US</b>		3. Mailing Address <b>450 NE 20th St. #113 Boca Raton, FL 33431 US</b>	
4. FEI Number <b>✓ 76-0753755</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>WOODS, KYLE J 450 NE 20TH ST #113 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>WOODS, KYLE J 450 NE 20TH ST #113 BOCA RATON, FL 33431</b>	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
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 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: <b>Kyle Woods</b>		Date: <b>4-30-04</b> Daytime Phone #: <b>561-271-6000 cp</b>	