

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90030 049 ***150.00

DOCUMENT # P03000039663 1. Entity Name REAL DANGER INC.																															
Principal Place of Business 450 NE 20TH ST #113 BOCA RATON, FL 33431 US		Mailing Address 450 NE 20TH ST #113 BOCA RATON, FL 33431 US																													
2. Principal Place of Business 9611 US Hwy 1 Suite, Apt. #, etc. #316		3. Mailing Address 9611 US Hwy 1 Suite, Apt. #, etc. #316																													
City & State Sebastian FL		City & State Sebastian FL																													
Zip 32958		Zip 32958																													
Country US		Country US																													
4. FEI Number 76-0753755		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 WOODS, KYLE J 450 NE 20TH ST #113 BOCA RATON, FL 33431		7. Name and Address of Now Registered Agent Name Woods, Kyle J. Street Address (P.O. Box Number is Not Acceptable) 9611 US Hwy 1 City Sebastian FL Zip Code 32958																													
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><i>Kyle Woods</i></u> DATE <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when contesting)</small>																															
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P WOODS, KYLE J 450 NE 20TH ST #113 BOCA RATON, FL 33431 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODS, KYLE J 450 NE 20TH ST #113 BOCA RATON, FL 33431 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P Woods, Kyle J 9611 US Hwy 1 Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Woods, Kyle J 9611 US Hwy 1 Sebastian, FL 32958 <input checked="" 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: <u><i>Kyle Woods</i></u> DATE <u>4-30-05</u> <u>222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

561-271-6000