


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000066401 1. Entity Name ARLENE RAMPULLA REALTOR, INC.	
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Principal Place of Business 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446	Mailing Address 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446
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54029392



2. Principal Place of Business ABOVE	3. Mailing Address 16267 BRISTOL PT. DR.
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Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	04052004	City-P	CR2E034 (10/03)
City & State 	City & State DELRAY BCH., FL.	4. FEI Number 65-1192570		Applied For Not Applicable
Zip 	Country 	Zip 33446	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMPULLA, ARLENE 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

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
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10. PRES. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	ARLENE RAMPULLA <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	16267 BRISTOL POINT DR.		
	DELRAY BEACH, FL. 33446		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 secretary or business empoweered 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: Arlene Rampulla PRES. 04-05-04