


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90224 005 \*\*\*150.00

<b>DOCUMENT # P03000066401</b>			
1. Entity Name ARLENE RAMPULLA REALTOR, INC.			
Principal Place of Business <del>16267 BRISTOL POINT DRIVE</del> DELRAY BEACH, FL 33446		Mailing Address <del>16267 BRISTOL PT. DR.</del> DELRAY BEACH, FL 33446	
2. Principal Place of Business - No P.O. Box # 8920 VALHALLA DRIVE		3. Mailing Address 8920 VALHALLA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Bch, FL		City & State Delray Bch, FL	
Zip 33446		Zip 33446	
Country USA		Country USA	
4. FEI Number 65-1192570		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPULLA, ARLENE <del>16267 BRISTOL POINT DRIVE</del> DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name: RAMPULLA, ARLENE Street Address (P.O. Box Number is Not Acceptable): 8920 VALHALLA DRIVE City: DELRAY BEACH FL Zip Code: 33446	
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>Arlene Rampulla</u> DATE: <u>04-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	P RAMPULLA, ARLENE <del>16267 BRISTOL POINT DR.</del> DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMPULLA, ARLENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8920 VALHALLA DRIVE DELRAY BEACH, FL 33446
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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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
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: <u>Arlene Rampulla</u>		PRES <u>04-25-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	