

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90342 035 ***150.00

DOCUMENT # P03000083963 1. Entity Name REALHELP, INC.																											
Principal Place of Business 3194 IRVING ST SARASOTA, FL 34237-8204		Mailing Address 3194 IRVING ST SARASOTA, FL 34237-8204																									
2. Principal Place of Business 2215 IXORA AVE. Suite, Apt. #, etc.		3. Mailing Address 2215 IXORA AVE Suite, Apt. #, etc.																									
City & State SARASOTA, FL.		City & State SARASOTA, FL.																									
Zip 34234		Zip 34234																									
Country U.S.		Country U.S.																									
4. FEI Number 72-1568513		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 WITTE, DAVID P 3194 IRVING ST SARASOTA, FL 34237-8204		7. Name and Address of New Registered Agent Name Witte, David P. Street Address (P.O. Box Number is Not Acceptable) 2215 IXORA AVE City SARASOTA FL Zip Code 34234																									
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 DATE 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D WITTE, DAVID P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3194 IRVING ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL 34237-8204</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D WITTE, DAVID P	<input type="checkbox"/> Delete	NAME	3194 IRVING ST		STREET ADDRESS	SARASOTA, FL 34237-8204		CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D Witte, David P.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2215 IXORA AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL 34234</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D Witte, David P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2215 IXORA AVE.		STREET ADDRESS	SARASOTA, FL 34234		CITY - ST - ZIP		
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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:		DAVID P. Witte 4-14-05 941-584-2807 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>																									