


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90103 007 ***150.00

DOCUMENT # P03000083963	
1. Entity Name REALHELP, INC.	

Principal Place of Business 7238 DE BIGNON RD TOCCOA, GA 30577	Mailing Address 7238 DE BIGNON RD TOCCOA, GA 30577
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2. Principal Place of Business - No P.O. Box # 2215 IXORA AVE	3. Mailing Address 2215 IXORA AVE
Suite, Apt. #, etc. 8	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34234	Zip 34234
Country SARASOTA	Country SARASOTA



04112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PERSSE, JOHN W ESQ 1800 SECOND ST STE 757 SARASOTA, FL 34236	
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4. FEI Number 72-1568513	Applied For <input type="checkbox"/> Not Applicable
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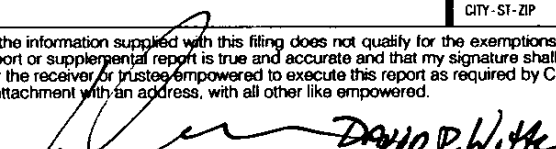
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name DAVID P. WITTE Street Address (P.O. Box Number is Not Acceptable) 2215 IXORA AVE City SARASOTA FL Zip Code 34234	
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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 	DATE Apr 130 2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTE, DAVID P 7238 DU BIGNON RD TOCCOA, GA 30577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTE, DAVID P. 2215 IXORA AVE SARASOTA, FL
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<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 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: 	DATE April 20 2007 DAYTIME PHONE # 941-504-7207