
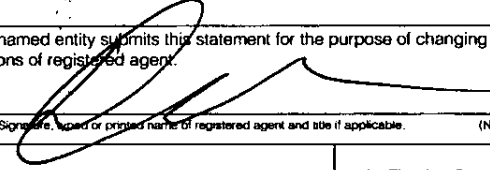
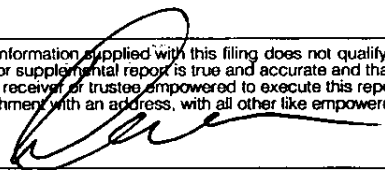


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90015 046 \*\*\*150.00

<b>DOCUMENT # P03000083963</b> 1. Entity Name <b>REALHELP, INC.</b>					
Principal Place of Business <b>2215 IXORA AVE SARASOTA, FL 34234</b>			Mailing Address <b>2215 IXORA AVE SARASOTA, FL 34234</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02142008    Chg-P    CR2E034 (12/06)	
Zip    Country		Zip    Country		4. FEI Number <b>72-1568513</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WHITTE, DAVID P 2215 IXORA AVE SARASOTA, FL 34234</b>			7. Name and Address of New Registered Agent Name <b>DAVID P. Witte</b> Street Address (P.O. Box Number is Not Acceptable) <b>2215 Ixora Ave.</b> City <b>SARASOTA</b> FL    Zip Code <b>34234</b>		
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: <b>2-15-08</b> <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WITTE, DAVID P 2215 IXORA AVE SARASOTA, FL</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: 		2-15-08    944-504-7807		Date    Daytime Phone #	