2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # P03000086341

1. Entity Name
REALTY POWERS INC.

Principal Place of Business	Mailing Address
1610 CORNWALLIS PARKWAY	1610 CORNWALLIS PARKWAY
CAPE CORAL, FL 33904	CAPE CORAL, FL 33904

09012004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1610 Cornwallis PK	1610 Cornwallis PK
Suite, Apt. #, etc. Cape Coral	Suite, Apt. #, etc.
City & State Cape Coral FL	City & State Cape Cora FL
Zip 33904 Country USA	Zip 33904 Country USA

4. FEI Number 29-7423317

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, LISA
1610 CORNWALLIS PARKWAY
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 _Lisa Powers_   9-1-04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition
NAME	MENCKE, RICHARD		NAME	LISA Powers
STREET ADDRESS	1755 CAPE CORAL PARKWAY, UNIT 106		STREET ADDRESS	1610 Cornwallis PK
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral FL 33904 P
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	700040970887
CITY-ST-ZIP			CITY-ST-ZIP	09710704--01069--013 **61.25
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: _Lisa Powers_ LISA POWERS 9-1-04 239-542-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #