2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111925

FILED Apr 30, 2007 Secretary of State

Entity Nam	ie: REAL CP	M, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6900-29 DANIELS PKWY 200					
FORTMYE	RS, FL 33912	<u>}</u>			
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
PO BOX 61 FORT MYE	529 RS, FL 33906	>			
FEI Number:	20-0516255	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ATTREE, PETER PO BOX 61529 FORT MYERS, FL 33906 US			SUITE 200	6900-29 DANIELS PK	
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: PETER ATTREE				04/30/2007	
	Electron	ic Signature of Registered Age	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () ATTREE, PETE PO BOX 61529 FORT MYERS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) KASSAR, HELE PO BOX 61529 FORT MYERS,		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ATTREE PD04/30/2007