2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115102

MCCLAIN, CASON C SR

EDGEWATER, FL 32141

3003 KUMQUAT DR

Name:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Entity Nan	ne: RME PRO	DPERTY FINDERS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	RELLA TREE I ER, FL 32141						
Current Mailing Address:				New Mailing Address:			
	RELLA TREE I ER, FL 3214						
FEI Number:	20-0472000	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GAMBERT, WILLIAM N 2724 UMBRELLA TREE DR EDGEWATER, FL 32141 US				EVANS, RHONDA M 2724 UMBRELLA TREE DR EDGEWATER, FL 32141 US			
The above in the State		submits this statement for t	he purpose of	changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE: RHONDA	M EVANS				04/30/2007	
	Electron	ic Signature of Registered	Agent			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	; :
Title: Name: Address: City-St-Zip:	PD () EVANS, RHONE 2724 UMBRELL EDGEWATER,	A TREE DR	ا	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () EVANS, WILLIA 2724 UMBRELL EDGEWATER,	A TREE DR	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MCCLAIN, JESS 3003 KUMQUATEDGEWATER,	Γ DR	1	Title: Name: Address: City-St-Zip:		(X) Change()Addition JESSIE H RELLA TREE DR ER, FL 32141	
Title:	D ()	Delete		Title:	D	(X) 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.

Name:

Address:

City-St-Zip:

MCCLAIN, CASON C SR

EDGEWATER, FL 32141

2724 UMBRELLA TREE DR

SIGNATURE: RHONDA M EVANS PD 04/30/2007