

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110811

FILED
Jan 19, 2005
Secretary of State

Entity Name: REAL ESTATE SOLUTIONS OF BREVARD COUNTY, INC.

Current Principal Place of Business:

121 NW CAROLINA STREET
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

889 IRONWOOD DRIVE
MELBOURNE, FL 32935 US

Current Mailing Address:

121 NW CAROLINA STREET
WEST MELBOURNE, FL 32904 US

New Mailing Address:

889 IRONWOOD DRIVE
MELBOURNE, FL 32935 US

FEI Number: 20-1417712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, RONALD S
121 NW CAROLINA ST
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

PEACOCK, RONALD S
889 IRONWOOD DRIVE
W. MELBOURNE, FL 32935 US

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.

SIGNATURE:

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVOLSI, MONIQUE M
Address: 121 NW CAROLINA ST
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP () Delete
Name: PEACOCK, RONALD S
Address: 121 NW CAROLINA ST
City-St-Zip: WEST MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIVOLSI, MONIQUE M
Address: 889 IRONWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP (X) Change () Addition
Name: PEACOCK, RONALD S
Address: 889 IRONWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MONIQUE M. LIVOLSI

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date