


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000148489 1. Entity Name REALCREDITSOLUTIONS.COM, INC.	
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Principal Place of Business 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919	Mailing Address 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919
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60001813



01132006 No Chg-P CR2E034 (11/05)

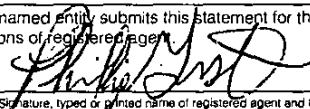
4. FEI Number 13-4288359	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUSTASON, PHILLIP V 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 <u>1/13/06</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

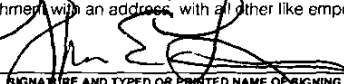
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUSTASON, PHILLIP V 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUSTASON, GINGER R 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, THOMAS E 6309 CORPORATE COURT SUITE 104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2006 239-415-7325
Date Daytime Phone #