2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# P04000161747

Entity Name: REALPRO REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

5002 AVE AVIGNON
LUTZ, FL 335582825

New Principal Place of Business:

Current Mailing Address:

5002 AVE AVIGNON
LUTZ, FL 335582825

New Mailing Address:

FEI Number: 83-0413927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMA, ROBERT C
5002 AVE AVIGNON
LUTZ, FL 335582825 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: THOMA, ROBERT C
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 335582825

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP ( ) Change (X) Addition
Name: THOMA, ROBERT C
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 33558 HB

Title: DP ( ) Change (X) Addition
Name: THOMA, ROBERT C
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 33558 HB

Title: DP ( ) Change (X) Addition
Name: THOMA, ROBERT C
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 33558 HB

Title: DP ( ) Change (X) Addition
Name: THOMA, ROBERT
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 33558 HB

Title: DP ( ) Change (X) Addition
Name: THOMA, ROBERT C
Address: 5002 AVE AVIGNON
City-St-Zip: LUTZ, FL 33558 HB

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C. THOMA DP 03/16/2006

Electronic Signature of Signing Officer or Director — Date