


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90053 049 \*\*\*150.00

<b>DOCUMENT # P04000171590</b>	
1. Entity Name <b>REAL DEAL DEVELOPMENT GROUP, INC.</b>	

Principal Place of Business <b>1100 N. MAIN STREET KISSIMMEE, FL 34744</b>	Mailing Address <b>POST OFFICE BOX 701323 ST. CLOUD, FL 34770</b>
---	--

2. Principal Place of Business - No P.O. Box # <b>1100 NORTH MAIN ST</b>	3. Mailing Address <b>PO BOX 701323</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc.
City & State <b>Kissimmee, FL</b>	City & State <b>ST CLOUD, FL</b>
Zip <b>34744</b>	Country <b>US</b>
Zip <b>34770</b>	Country <b>US</b>

4005000



03062007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2090327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DELVALLE, W BRUCE ESQUIRE 1100 NORTH MAIN STREET SUITE B KISSIMMEE, FL 34744</b>	7. Name and Address of New Registered Agent Name <b>HOWSE, RONALD S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 NORTH MAIN ST</b> <b>SUITE A</b> City <b>KISSIMMEE</b> FL Zip Code <b>34744</b>
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D HOWSE, RONALD S P.O. BOX 701323 ST. CLOUD, FL 34770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWSE, RONALD S. PO BOX 701323 ST CLOUD, FL 34770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-07 407.709.8002