

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 14, 2007 8:00 am
Secretary of State**

09-14-2007 90004 011 ***550.00

DOCUMENT # P05000056640



1. Entity Name
REVEAL PRODUCTS OF FLORIDA, INC.

Principal Place of Business
3600 S ORANGE AVE
SUITE B
ORLANDO, FL 32809

Mailing Address
P.O. BOX 592922
ORLANDO, FL 32859

2. Principal Place of Business - No P.O. Box #

3038 N. John Young Pkwy

3. Mailing Address

3038 N. John Young Parkway

Suite, Apt. #, etc.

Suite 25

Suite, Apt. #, etc.

Suite 25

City & State

Orlando FL

City & State

Orlando FL

Zip

32807

Country

USA

Zip

32807

Country

USA

6. Name and Address of Current Registered Agent

SMITH, II, ROBERT
1422 ROLLING GREEN DR
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name Smith, II, Robert

Street Address (P.O. Box Number is Not Acceptable)

3038 N. John Young Parkway

Suite 25

City Orlando

FL

Zip Code 32807

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT A		NAME	
STREET ADDRESS	1422 ROLLING GREEN DR		STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT A II		NAME	
STREET ADDRESS	1422 ROLLING GREEN DR		STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 I had signed 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:

Robert Alan Smith II

9/13/07 321-299-7475

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR