

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139678

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: REALNET OF SOUTHWEST FLORIDA, INC.

## Current Principal Place of Business:

3580 FOWLER ST  
FT MYERS, FL 33901

## New Principal Place of Business:

2550 TECHNOLOGY DRIVE  
201  
ORLANDO, FL 32804

## Current Mailing Address:

3580 FOWLER ST  
FT MYERS, FL 33901

## New Mailing Address:

2550 TECHNOLOGY DRIVE  
201  
ORLANDO, FL 32804

FEI Number: 20-3865073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUATRALE, MICHELLE  
1249 N. ORLANGE AVE.  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

QUATRALE, MICHELLE  
2550 TECHNOLOGY DRIVE  
201  
ORLANDO, FL 32804 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: MICHELLE QUATRALE

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARRETT, JOHN  
Address: 1249 N ORANGE AVE  
City-St-Zip: ORLANDO, FL 32804

Title: P (X) Delete  
Name: SJOSTEDT, JON  
Address: 1249 N ORANGE AVE  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: PARRETT, JOHN  
Address: 2550 TECHNOLOGY DR, SUITE 201  
City-St-Zip: ORLANDO, FL 32804

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PARRETT

PTSD

03/26/2008

Electronic Signature of Signing Officer or Director

Date