FILED Jun 04, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000070110 1. Entity Name REALM LABS, INC.							05-08-200)7 90010 011 * *	·*150.00
Principal Place of Business Mailing Address							•	0.0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	31
258 SE 6TH AVE. 258 SE 6TH AVE.							p	6017799	
DELRAY BCH	, FL 33483		DELRAY BCH, FL 33		1		$\widehat{}$		
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Principal Place of Business - No P.O. 8ox # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						03292007			
GOING, Apr.	w, 010 .		5546, 7156. 4, 516.	cone, ript. 1, cit.			Chg-P	CR2E034 (12/06))
City & State			City & State			4. FEI Numb	4405	22	oplied For
Zip	Zip Country		Zip Coun		Mrv	1		\$0.7E .	lot Applicable
2.3.						5. Certificate	of Status Desired	Fee Requir	
6. Name and Address of Current			nt Registered Agent			7. Name and Address of New Registered Agent			
UCC FILING & SEARCH SERVICES, INC.									
1574 VILLAGE SQUARE BLVD					Street Address (P.O. Box Number is Not Acceptable)				
STE. 100					ALCO C.C. I the A. C. T.				
TALLAHASSEE, FL 32309					258	J.K.	(o <u></u> # V	FI Zip Co	5
CivDELA							EACH		182
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 RICHARD H, MANN - PRES 4-25-07									
SIGNATURE K. L. E. M.A.K.D. H., Signature, typed or printed name of repstered agent and title if applicable. (NOTE: Registered Agent signature required is							0 -1 K.E.	DATE U-Z	3 - 0/
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	PD		☐ Delete					☐ Change	Addition
HAME	,	ICHARD H		NAME					ļ
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS '-ST-ZIP				
	certify that the	e information supplied w	oth this filing does not qualify			d in Chapter 11	9. Florida Statutes	further certify that the	information
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 curporation 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.									
CICNAT	rupe.	//	_				1-25-117	Slot -	276-151
SIGNAT	UKE:_	SIGNATURE AND TYPED O	R PRINTED MANE OF BIGHING OFFICE	ER OR DIREC	TOR		Date	561 - 3 Dayorte Prome 4	190