


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90002 035 ***150.00

DOCUMENT # P07000021391	
1. Entity Name REALEAR, INC.	

Principal Place of Business 725 W GRANADA BLVD STE 46 ORMOND BEACH, FL 32174	Mailing Address 725 W GRANADA BLVD STE 46 ORMOND BEACH, FL 32174
--	--

40046184




2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 790 DUNLAWTON AVENUE SUITE B Suite, Apt. #, etc.
---	--

03012008 Chg-P CR2E034 (12/06)

City & State PORT ORANGE, FL	4. FEI Number 20-8617752	Applied For <input type="checkbox"/> Not Applicable
Zip 32127	Country VOLUSIA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROGAN, JOSEPH 4330 SERENE CIRCLE FRUITLAND PARK, FL 34731	
--	--

7. Name and Address of New Registered Agent Name JOSEPH CROGAN Street Address (P.O. Box Number is Not Acceptable) 4139 S ATLANTIC AVENUE A 402 City NEW SMYRNA BEACH FL Zip Code 32169	
---	--

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 	DATE 3-10-08

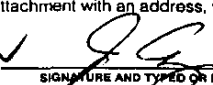
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D CROGAN, JOSEPH 4330 SERENE CIRCLE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4139 S ATLANTIC AVENUE A 402 NEW SMYRNA BEACH, FL 32169 <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	D LAWRENCE W SMITH 1580 CARMONA COURT DELTA, FL 32738 <input type="checkbox"/> Change <input checked="" 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: 	DATE 3-10-08 DAYTIME PHONE # 386 423 9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #