2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

Mailing Address Mailing Address Mailing Address T2S W (GRANDA BLVD STE 46 ORNOVO BEACH, FL 32174	DOCUMENT # P07000021391 1. Entity Name REALEAR, INC.									03-17-2008	90002 035 ***15	50.00
ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. Box 6	•				Mailing Address				• • • •	12121		
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PORT ORANGE, FL. 20-8617752	Suite, Apt. #, etc.				1 ' ' '				03012008	Chg-P	CR2E034 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. OSEPH 1. ASD So ATLANTIC AVENUE A 402 1. Name and Address of New Registered Agent 1. OSEPH 1. ASD So ATLANTIC AVENUE A 402 1. Name and Address of New Registered Agent 1. OSEPH 1. ASD So ATLANTIC AVENUE A 402 1. OSEPH 1. ASD So ATLANTIC AVENUE A 402 1. ON The Devent registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of registered agent, or both, in the State of Florids. I am itemates with, and accept the deligations of Florids. I am itemates agent accept the registered agent, or both, in the State of Florids. I am item	City & State								4. FEI Number 20-861	er .7752	-	`
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CROGAN JOSEPH 4339 SERNE CIRCLE STEEPH Addition Critical Park FL 30168		stered Agent		Name		7. Name and	Address of New F	Registered Agent	<u> </u>			
### SMYRNA BEACH FL \$2.068 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 orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent and standards. SIGNATURE							IOSEPH CROGAN Street Address (P.O. Box Number is Not Acceptable)					
R. 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							4139 S ATLANTIC AVENUE A 402					
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Statues. I further certify that the information supplied with this filling does not quellify for the examptions contained in Chapter 119, Florida Statues. I further certify that the information is the accept of the examptions contained in Chapter 119, Florida Statues. I further certify that the information contained on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under coth; that I am an officer of direct of the examptions of the acceptation of th												
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Trust Fund Contribution. Added to Fees	SIGNATURE Signature, typed or printed regret or regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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