

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90070 021 \*\*\*150.00

<b>DOCUMENT # P93000067388</b> 1. Entity Name <b>REALTY DEVELOPMENT SERVICES, INC.</b>					
Principal Place of Business <b>1007 N. FEDERAL HWY. FT. LAUDERDALE, FL 33304</b>			Mailing Address <b>1007 N. FEDERAL HWY. SUITE 10 FT. LAUDERDALE, FL 33304 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1725 NE 23 Ave</b>		3. Mailing Address <b>1725 NE 23 Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>65-0449482</b>	
Zip <b>33305</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAUST, ELAINE 1007 N. FEDERAL HWY. # 10 FT. LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name <b>Elaine Faust</b> Street Address (P.O. Box Number is Not Acceptable) <b>1725 NE 23 Ave</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33305</b>			
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 <u>Elaine Faust</u> DATE <u>1/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, ELAINE 1007 N. FEDERAL HWY.. # 10 FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elaine Faust 1725 NE 23 Ave Ft. Lauderdale, FL 33305
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAUST, RICHARD 1007 N FEDERAL HWY #10 FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Faust 1725 NE 23 Ave Ft Lauderdale, FL 33305
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Elaine Faust</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/23/08</u>		Telephone <u>(954)390-7670</u>