2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

561. 995.7550

1. Entity Name REAL ESTATE INFORMATION SERVICES, INC.					07-14-2008	90027 004 ***15	8.75
Principal Place of Business		Mailing Address		1			
1181 SO. ROGERS CIRCLE		P.O. BOX 811929					
#33 BOCA RATON, FL 33481-192 BOCA RATON, FL 33487 US			81-1929 . `	F 10 B1(90) (1)	B 1818A itili Belli Belli Be		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012008	Chg-P	CR2E034 (12/06)	1
City & State		City & State		4. FEI Numb 65-044		<u> </u>	opplied For lot Applicable
Zip	. Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New I	Registered Agent	
BEITLER,	TODD	Name	- Name				
1181 SO. I #33	ROGERS CIRCLE		Street Address	s (P.O. Box Numb	er is Not Acceptab	e)	
BOCA RATON, FL [®] 33487							
	;;·		City			FL Zip Co.	ļ
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	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstation)		DATE	
					<u> </u>		
FII.	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campa Trust Fund Con	· · · · · · · · · · · · · · · · · · ·	5.00 May Be ided to Fees	In accordance corporation did	with s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	: OFFICERS AND	DIRECTORS	11.	ADDITIONS	L /CHANGES TO OF	ICERS AND DIRECTO	RS IN 11
TITLE	Р .	TITLE	•		☐ Change	Addition	
NAME STREET ADDRESS	BEITLER, TODD 1181 SO. ROGERS CIRCLE #33	NAME STREET ADDRESS					
CITY+ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition
NAME	,		NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			[] (\)	
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			<u> </u>	
CtTY+ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	•		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	and the state of t	that in the salar and a second of	CITY-ST-ZIP	:_ OL	0 Finder 0:	1 familiary and at the same	Información :
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or frustee em	in this filling does not qualify to is true and accurate and that powered to execute this report	or the exemptions contain my signature shall have th t as required by Chapter 6	eu in Chapter 11 e same legal effe i07, Florida Statut	ษ, riorida Statutes. ct as if made under es; and that my nan	 aurmer certify that the oath; that I am an office ne appears in Block 10 	information er or director or Block 11 if
of the corporation of the receiver or frustee 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.							