## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000066414

Title:

Name:

Address:

City-St-Zip:

Entity Name: REAL ESTATE INNOVATION, INC.

FILED Jan 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2073 MAYPORT ROAD 910A THIRD STREET P.O. BOX 330339 NEPTUNE BEACH, FL 32266 US ATLANTIC BEACH, FL 32233 US **New Mailing Address: Current Mailing Address:** P. O. BOX 330339 910A THIRD STREET NEPTUNE BEACH, FL 32266 ATLANTIC BEACH, FL 322330339 US US FEI Number: 59-3353779 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORE, JT 1550 BEACH AVENUE ATLANTIC BEACH, FL 32233 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARRIGAN, DONALD T Name: Name: 113 SOUTH ADAMS STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: **VPST** () Delete Title: PD (X) Change ( ) Addition Name: FORE, J.T. Name: ASHBY, C. LINDEN G 1550 BEACH AVENUE 24952 KIT CARSON ROAD Address: Address: ATLANTIC BCH, FL 32233 HIDDEN HILLS, CA 91302 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete VPD PETER FREW. MURPHY, SHAUN Name: Name: 110 WOODBURY ROAD 41 FAIRWAY LANE Address: Address: City-St-Zip: WATERTOWN, CN City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

STD

ASHBY, ELEANOR

1637 BEACH AVENUE

ATLANTIC BEACH, FL 32233

(X) Change ( ) Addition

SIGNATURE: C. LINDEN ASHBY PD 01/31/2005

( ) Delete

ASHBY, ELEANOR

1637 BEACH AVENUE

ATLANTIC BEACH, FL 32233