

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000026144

1. Entity Name
REAL ESTATE MARKETING INC.



Principal Place of Business
1624 S BABCOCK ST
MELBOURNE, FL 32901 US

Mailing Address
1624 S BABCOCK ST
MELBOURNE, FL 32901 US

2. Principal Place of Business
5565 SCHENCK AVE
Suite, Apt. #, etc.
SUITE 10
City & State
ROCKLEDGE FL
Zip 32955 Country USA

3. Mailing Address
1725 BLUEBIRD CT
Suite, Apt. #, etc.
City & State
MELBOURNE FL
Zip 32935 Country USA

04262005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3368424
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ALBERT S
1624 S BABCOCK ST
MELBOURNE, FL 32901

Name JOHNSON, ALBERT S
Street Address (P.O. Box Number is Not Acceptable)
1725 BLUEBIRD CT
City MELBOURNE FL Zip Code 32935

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$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	PSTD JOHNSON, ALBERT S 1624 S BABCOCK ST MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT S. JOHNSON
PRESIDENT

04-26-05 (321) 757-8488
Date Daytime Phone #