2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026296

Title:

Name:

Address:

City-St-Zip:

Entity Name: REIT INVESTMENT ADVISORY SERVICES, INC.

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	Business:	
760 U.S. HV	WY. 1				
SUITE 300 NORTH PA	LM BEACH, FL	334084424 US			
Current Mailing Address:			New Mailing Address:		
760 U.S. HV	WY. 1				
SUITE 300	IMBEACH EL	. 334084424 US			
FEI Number:	,	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
760 U.Ś. H\ SUITE 300		. 334084424 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			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()D		* *	Change () Addition	
Name: Address:	SELDIN, MAURY 760 U.S. HWY. 1,		Name: Address:		
City-St-Zip:	,	ACH, FL 334084424	City-St-Zip:		
Title:	CSTD ()D	elete	Title: ()	Change () Addition	
Name:			Name:	, ,	
Address:	760 U.S. HWY. 1,		Address:		
City-St-Zip:	NORTH PALM BE	ACH, FL 334084424	City-St-Zip:		
Title:	PATD ()D	elete	Title: ()	Change () Addition	
Name:	DONOHUE, RON		Name:		
Address:	760 U.S. HWY. 1,		Address:		
City-St-Zip:	NORTH PALM BE	ACH, FL 334084424	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:

SIGNATURE: RON M DONOHUE PATD 02/26/2009

() Delete

601 13TH STREET NW, STE 1000 SO.

HOWARD, THOMAS L ESQ.

WASHINGTON, DC 200053807

() Change () Addition