2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

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Entity Name: REAL TRUST FINANCIAL CORP.

Current Principal Place of Business:

1308 N. LAVON AVE.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

1308 N. LAVON AVE.
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3407150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, AISTROP
1308 N LAVON AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

GRAHAM, AISTROP J.D
1308 N LAVON AVENUE
KISSIMMEE, FL 34741 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: GA 01/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CAS, CAMARA
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: EVP ( ) Delete
Name: OLIVEIRA, NELSON DR.
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SVP ( ) Delete
Name: GRAHAM, AISTROP M
Address: 1308 NORTH LAVON AVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: GRAHAM, AISTROP J.D
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: TREA (X) Change ( ) Addition
Name: GRAHAM, AISTROP J.D
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: PRES (X) Change ( ) Addition
Name: CAS, CAMARA
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SEC ( ) Change (X) Addition
Name: CAS, CAMARA
Address: 1308 NORTH LAVON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

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.

SIGNATURE: CAS CAMARA PS 01/04/2005
Electronic Signature of Signing Officer or Director Date