

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079408

FILED  
Jan 17, 2006  
Secretary of State

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:

P. O BOX 1631  
WINDERMERE, FL 34786 US

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 J.D  
1308 N LAVON AVENUE  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

BANKERS TITLE AND FUNDING CORPORATION  
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: CAS CAMARA

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CAS CAMARA

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

Date