


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 019 ***150.00

| | |
|--|---|
| DOCUMENT # P97000073212 |  |
| 1. Entity Name REAL SOLUTIONS INC. | |

| | |
|--|--|
| Principal Place of Business 9206 LA MANCHA CT FORT MYERS, FL 33912 | Mailing Address 9206 LA MANCHA CT FORT MYERS, FL 33912 |
|--|--|

14011732



| | |
|--|--|
| 2. Principal Place of Business 3680 Ellis Road | 3. Mailing Address 3680 Ellis Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04272005 Chg-P CR2E034 (10/03)

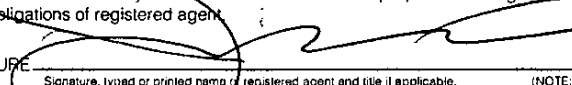
| | |
|---------------------------------------|---------------------------------------|
| City & State Fort Myers, FL | City & State Fort Myers, FL |
| Zip 33905 | Zip 33905 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0821868 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent MACE, JANICE E 9206 LA MANCHA CT FORT MYERS, FL 33912 | |
|---|--|

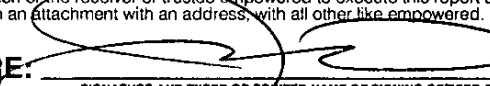
| | |
|--|--|
| 7. Name and Address of New Registered Agent Name Mace, Janice E Street Address (P.O. Box Number is Not Acceptable) 3680 Ellis Road Fort Myers City FL Zip Code 33905 | |
|--|--|

| | |
|---|--|
| 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  | Janice E. Mace, President 4/27/05 DATE |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MACE, JANICE E 9206 LA MANCHA CT FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOTTORFF, EMORY 3731 ARLINGTON STREET FT. MYERS, FL 33901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHMB MACE, KENNETH J 9206 LA MANCHA CT MELBOURNE, FL 32912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Mace, Janice E 3680 Ellis Rd Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHMB Mace, Kenneth J 3680 Ellis Rd. Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|---|--|
| 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:  | Janice E. Mace, President 4/27/05 Date Daytime Phone # (239) 489-0400 |