2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2007 8:00 am Secretary of State DOCUMENT # P97000073212 05-01-2007 90007 017 ***150.00 1. Entity Name REAL SOLUTIONS INC. Principal Place of Business Mailing Address 40004 3680 ELLIS RD 3680 ELLIS RD FORT MYERS, FL 33905 FORT MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 59 12220 15258 Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) Cha-P City & State Applied For 4. FEI Number のity & State 65-0821868 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 23905 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACE, JANICE E Street Address (P.O. Box Number is Not Acceptable) 3680 ELLIS RD FORT MYERS, FL 33905 City Zip Code 8. The above pamed 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 20/05 SIGNATURE agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registere 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Delete σ Change TITLE TITLE ☐ Addition MACE, JANICE E NAME NAME Maile, Janice E STREET ADDRESS 3680 ELLIS RD STREET ADDRESS Cerestery 15250 FORT MYERS, FL 33905 CITY-ST-7IP CITY-ST-ZIP MX OLS 1 60(+ Delete TELLE Change ☐ Addition TITLE NAME BOTTORFF, EMORY NAME Jared mace, 15,250 STREET ADDRESS 3731 ARLINGTON STREET STREET ADDRESS CEVERY MYORS CITY-ST-ZIP FT. MYERS, FL 33901 CITY-ST-ZIP €(+ CHMB CHMP ☐ Defete Change ☐ Addition TITLE THIE MACE, KENNETH J NAME NAME mace, kenneth J STREET ADDRESS 3605 ELLIS RD STREET ADDRESS 15250 Cemetery CITY-ST-7IP FORT MYERS, FL 33905 CITY-ST-ZIP Myois TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 truetee 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.

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239-822-1654